

CHEMIST & DRUGGIST

The newswweekly for pharmacy

August 6, 1994

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Shake-up for Pharmacy Division?

Gordon Bullous: independent's man at the NPA

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EC pharmacy: policy progress

Update on audit, aches and pains



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Comment

Few members of the public will shed any tears at the thought of red tape-issuing civil servants being invited to commit hari-kari or put their colleagues to the sword. This week, the Government announced swingeing cuts across the grades at the Department of Health (p192). As yet the implications for the Pharmaceutical Division (PD) are unclear, but it is wishful to think that it will escape the axe. Michael Portillo may have moved on from the Treasury, but his shadow looms large over spending departments, judging by his leaked, 'cutting' memorandum to Michael Heseltine, president of the Board of Trade.

If there are cuts at the Division, the loss will be to patient, taxpayer and pharmacist alike. PD pharmacists often have a vision of pharmacy practice that contributes to the purposes of the profession itself. Certainly, they neatly counterbalance many of the more militant tendencies of the traditional mandarin class at the Treasury or Department.

Too much bureaucracy is a bad thing, says the Government, still trying to cut red tape while chopping those civil servants who produce it. While many see its noble efforts as forlorn, the announcement last week (p214), that the Medicines (Advertising) Regulations were constructed to allow self-regulation is great news. The

Proprietary Association of Great Britain has been acting successfully as the interface between the medicine and advertising laws, the industry and the public for 75 years. It performs efficiently, unfussily and with a degree of pragmatism that recognises the evolving needs of all parties as it pre-vets labels, leaflets and advertising. And, remarkably, the number of complaints it receives can be counted on one hand each year.

The ethical industry trade body, the Association of the British Pharmaceutical Industry, does not pre-vet advertisements. But, nonetheless, its steadying hand can be seen at work. Transgressors' sins are published for judgment by peer and public.

Industry will now have to watch carefully the promotional inducements it gives to pharmacist professionals. Likewise, pharmacists will have to take care that their professional judgment is not clouded by inducements that come within the scope of the new Regulations. Perish the thought!

Has any doctor ever been lead astray by the dumping of knick knacks upon their prescribing desk or by overseas seminar 'inducements'? For our anonymous letter writer (p213), who wants more competitions targeting pharmacists within the pages of the pharmaceutical press, the offers are rolling in too slowly!

Pharmacy division implications unclear in DoH shake-up

The next few months will see the biggest management shake-up in the Department of Health for decades. But, as yet, the implications of the changes for its Pharmaceutical Division are not clear.

The aim of the reforms, announced this week in three DoH reports, is to establish a "rationalised and streamlined" central NHS management structure in tandem with the eight regional health service offices which will replace the current 14 regional health authorities.

The first stage of the changes in the regional management structure last year meant the loss of 1,300 jobs, according to *The Financial Times*. Under the latest proposals it is reported that a further 1,500 will go around the country, taking the total down to just 1,100. Additionally, the 2,300 employees at the Department of Health headquarters in London (home to the Pharmaceutical Division), and the 1,000 at the main office of the NHS Executive in Leeds, have been told to expect "substantial cuts".

One broad development for the Pharmaceutical Division that had already been mooted, and is touched on in the latest reports, is its transfer from the 'Wider Department of Health' to the NHS Executive in London or Leeds. However, deputy chief pharmacist Jon Merrills says they have not been given a definite decision on this.

As to whether his division would retain its present structure and strength of 13 pharmacists and five support staff, Mr Merrills says it is also too early to say for sure.

While they make no specific statements on numbers, however, the DoH reports do imply that the new structure will entail a different attitude to, and reliance on, healthcare professionals in management.

The Review of the Wider Department of Health, says that "in-house professionals might be recruited, more as people who knew how to obtain the right external advice, than as experts in their own field".

"This would affect the num-

bers needed, the span which each might cover, and the way they worked and maintained their knowledge of networks."

• Two further reports outlining future Government health and social service policies have been published. The first, 'Functions and Responsibilities in the New NHS', builds on 1993 Secretary for Health proposals that district and family health service authorities should be merged, and regional health authorities abolished, in favour of a simplified single structure for NHS management. 'Public Health in England' clarifies the responsibilities of regional and district directors of public health.

More closures than openings

Pharmacy closures have started to exceed the number of openings for the first time in two years.

Government statistics show that, in the six months to March 31, there were 34 closures and 28 openings of community pharmacies in England and Wales. It was the first six-month period during the past two years in which there were more closures than openings.

Just over three-quarters of those businesses closing were within 500 metres of the nearest pharmacy, a higher proportion than in the three preceding six-month periods. There were more openings than closures at distances over 1km from the next pharmacy.

The total number of pharmacies with NHS contracts (10,470) is much the same as two years ago (10,484 in March 1982). The number receiving payments under the Essential Small Pharmacies Scheme has grown to 246, compared with 160-190 in the previous two years. This increase reflects a reduction in the qualifying distance from 2km to 1km from November 1, 1993. Most of these (93 per cent) were independents.

There has been a steady increase in pharmacies receiving payments for patient medication records (59 per cent compared with 46 per cent a year earlier) and giving advice to residential homes (28 per cent compared with 23 per cent).

There was a small increase in the numbers supplying oxygen (up 2 per cent over the year to 52 per cent).

The number of appliance contractors fell slightly to 275.

ACBS shift clarified

Pharmacists throughout the UK will continue to be reimbursed for dispensing licensed dermatological products which were previously the responsibility of the Advisory Committee of Borderline Substances.

August's Drug Tariff has deleted the products from the ACBS list, leading some people to believe they have been black-listed. Unconfirmed reports suggest that pharmacists have been refusing to dispense these items, in the mistaken belief that they will not be reimbursed.

The confusion has arisen following the announcement that

responsibility for licensed dermatological medicines is now with the Advisory Committee on NHS Drugs (C&D July 23, p116). The ACD is currently reviewing this class of drugs with a view to extending the Black List still further.

These products are still prescribable: Alphosyl 2-in-1 Shampoo, Betadine Shampoo and Skin Cleanser, Capitol Gel, Ceanel Concentrate, Gelcotar Liquid Shampoo, Genisol, Ionax Scrub, Ionil T Shampoo, Polytar Emollient, Polytar Liquid, Polytar Plus, Ster-Zac Bath Concentrate, T-Gel Shampoo, Tetmosol.

NPA takes on Boots with PMR pack

Just over one month after the launch by Boots of its Medilink Patient Medication Record System (C&D June 25, p1081), the National Pharmaceutical Association has retaliated with a PMR pack.

The pack includes copies of a press advertisement and a leaflet which can be used for reproduction by local newspapers or printers. Space has also been left to overprint members' addresses. These will also fit the acrylic poster stand distributed with July's *NPA Supplement*.

Customer forms emphasise the complete confidentiality of the system. Pharmacists can assure customers "that intimate details of their medicines will be kept exclusively in your pharmacy and not networked around the UK".

OUR PATIENT
MEDICATION
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IS



CONFIDENTIAL

For your welfare and safety we can keep a confidential record of the medicines you use. This will help the pharmacist to check whether:

- A new prescribed medicine or one you want to buy can be safely taken with medicines you are already using.
- The dose of a medicine you have been using regularly has been changed.
- You need any special instructions about how to take your medicines.

If you need information or advice about your medicines when you are away from home, ask a local pharmacist who can contact us if necessary.

ASK OUR PHARMACIST FOR MORE INFORMATION ABOUT THIS VALUABLE, FREE SERVICE

Nearly half all scripts are now for generics

Almost half of all prescriptions were written generically last year and four out of five items were free to the patient.

According to figures published in a Department of Health Statistical Bulletin, the total number of items dispensed in England in 1993 was 445 million, an increase of 4.8 per cent on '92.

The total net ingredient cost was £3,159m, up 10.5 per cent or 7 per cent in real terms, while the average net ingredient cost of a prescription went up from £6.72 to £7.09. The average number of items per head of population rose from 8.8 to 9.2.

The proportion of prescriptions written generically increased from 43 per cent to 47 per cent, although only 38 per cent were dispensed generically — an

increase of 2 per cent.

More prescriptions were written for the elderly and for young people last year (5 and 10 per cent increases respectively). The elderly now account for just under 44 per cent of scripts.

Drugs acting on the central nervous system were prescribed more frequently than any other category, but cardiovascular drugs cost the most in total.

The cost per person of prescription items continued to be higher in the North (Mersey, North Western and Northern regional health authorities).

The figures are contained in 'The Department of Health Statistical Bulletin: Prescriptions dispensed in the family health services authorities — England 1983-93'.



Overdraft explains milks scandal

Revelations that South Birmingham Health Authority may have been trying to hide a £16 million debt has shed light on why it refused to offer local pharmacists more money for welfare milk distribution.

Speaking on behalf of Birmingham LPC, which earlier this year advised participating pharmacies to pull out of the scheme, chairman Jan Nicholls says: "Logic suggests that this goes some way to explaining it [the Health Authority's actions]. But it is not the whole story."

She adds that the local scheme was only meant to be a stop-gap until a national scheme was set up. Instead of lasting 12 months, it lasted two and a half years.

MPs heard of the HA's financial troubles at a recent all-party Commons Public Accounts Committee where questions were also raised over its honesty.

In December last year, the Authority forecast debts of about £12m, but one month later a £16m deficit came to light.

When asked to explain the sudden hike, the Authority confessed to trying to feed out bad news in increments, behaviour which reflected badly on the "efficiency of the Authority and the honesty of [its] managers", say the MPs.

Reasons given for the deficit included a series of financial failures, such as the writing off of £3m in income owed by other

Authorities and unacceptable delays in terminating top contracts. In its defence, South Birmingham HA promised a better performance in the next financial year.

• Parliamentary Secretary for Health Tom Sackville says that new codes of conduct and accountability have been issued to NHS Boards following the Public Accounts Committee's report on South Birmingham HA. He adds that the West Midlands Regional Health Authority had strengthened its finance and accountability roles across its region and that the financial position was turning around, with a £36,000 surplus reported for 1993/94.

The NPA Board Report

The National Pharmaceutical Association is to continue supporting Wiltshire member David Gompels in his fight to prevent Boots/Lloyds leapfrogging over his pharmacy into a local GP surgery.

Last November the Board agreed to underwrite Mr Gompels' application for judicial review of the decision of the FHS Appeal Unit to allow the minor relocation, as members felt the Appeal Unit had failed to take account of pharmacies' unique sensitivity among High Street traders to even small changes in location.

Mr Justice Popplewell has now considered the case and found almost totally in favour of the Appeal Unit arguing, among other things, that the effect on competitors must be ignored when considering the question of a minor relocation.

Ostomy care: In January the NPA agreed to fund an application by Cornish pharmacists for judicial review of the decision by the

Cornwall & Isles of Scilly FHSA, upheld by the FHS Appeal Unit, to grant a new appliance contract at the Royal Cornwall Hospital, Truro.

The grounds for review were that the Appeal Unit had, nonsensically (in the NPA's opinion), held that the whole of the area of Cornwall and the Isles of Scilly constituted a single neighbourhood.

The Appeal Unit subsequently agreed to the court quashing its decision. But, pending a new decision, the contractor is continuing to market his stoma services. In an effort to stop him, the Board has now decided to appeal to the judge to grant a stay of the original decision.

Manufacturers' Liaison Committee: Members of the Manufacturers' Liaison Committee have agreed to approach manufacturers involved in forthcoming POM to P switches with the offer of NPA advice and assistance. Members felt that, in recent launches, manufacturers

had placed too much importance on advertising the products without sufficient emphasis on the pharmacist's input to OTC medicine sales. The NPA is also pressing for gross profit margins on newly deregulated products to be kept in line with those of other OTC medicines.

General Product Safety Regulations: In view of the fact that the implementation of these regulations has been delayed until at least mid-August, the Board has decided to write to the President of the Board of Trade Michael Heseltine, to express concerns arising since it made its original comments on the draft regulations in March.

Medicinal products which are licensed in the UK in accordance with EC Community provisions are excluded from the scope of the regulations. However, the Department of Health has highlighted a number of problems which may arise under the regulations in respect of licensed medicines which are prescribed

Protocols and training aids soon from NPA

Members of the National Pharmaceutical Association should receive a free training pack on medicines sales early in October to help pharmacists and their staff devise appropriate protocols well before the deadline of January 1, 1995.

The NPA Board is also looking into the question of extra pay for trained assistants.

Board members feel strongly that a protocol should be much more than a piece of paper to be filed away or fixed to the wall. Every member of the pharmacy staff should have a full understanding of it and the reasons behind it.

The Board believes that the step-by-step pack, currently being produced by the NPA, will help pharmacists to establish meaningful protocols painlessly.

DoH roles to change

Following the July Cabinet reshuffle, the Department of Health has announced minor changes in responsibilities.

Minister for Health Gerald Malone will oversee broadly the same areas as his predecessor Dr Brian Mawhinney, as well as overseeing NHS appointments.

Parliamentary Secretary Tom Sackville will have the same responsibilities, while John Bowis takes on alcohol and drugs.

for use outside the licence limitations.

Pharmacy planning visits: The Board has heard from NPA pharmacy planning consultant Ray Todd, that he has completed five of the 38 consultations booked by Merton, Sutton and Wandsworth FHSA, which is seeking advice about the provision of pharmacy counselling areas and healthcare facilities as well.

Branch officers' expenses: To encourage greater communication between NPA branches at regional level, the Board has agreed to cover branch officers' mileage expenses when travelling to their twice-yearly meetings with their Board of Management representative.

Car parking: The Board is to apply for exemption from car parking restrictions for pharmacists delivering medicines. GPs already enjoy exemption when carrying out some of their duties while more pharmacists get parking tickets.

Major medicine collection launched

A major campaign to encourage the return of unwanted drugs to pharmacies has been launched by the East Sussex Family Health Services Authority. And, if it is successful, it may become a regular event.

The Dispose of Unwanted Medicines Please (DUMP) campaign will "roll across" the county over the next three months, starting in the Hastings and Rother areas, and finishing in Hove and Portslade. During the period, hand bills and posters will be given away and displayed at pharmacies and GPs' surgeries warning people of the dangers of keeping old medicines and urging them to return them on a regular basis.

East Sussex has not set a target for the quantity of medicines it wants returned to its 163 pharmacies as a result of the campaign. But FHSA PR officer Shirley Doyle comments that, during one recent quarter, 115 pharmacies collected 1.1 tonnes without all the publicity, so the

FHSA hopes to achieve at least that with this campaign.

To assess the effectiveness of the project, selected pharmacies across the county will analyse the types and volumes of medicines returned.

"Depending on the outcome of this, we may organise similar collections in the future," says Ms Doyle.

Pharmacy chiefs join health forum

Representatives from the National Pharmaceutical Association and the Royal Pharmaceutical Society of Great Britain are being invited to join a discussion forum to review the future of healthcare in Britain.

Healthcare 2000, which is being funded until next June by six pharmaceutical manufacturers, will consist of four focus group sessions to be held during the months of October, November and December.

Topics scheduled for discussion include: funding/providing a guaranteed healthcare package, integrated purchasing by locality, patient interest and consumer choice, and quality, accreditation and changes in clinical practice.

It is hoped that each subject will be covered in two half-day meetings, after which a report will be published.

By June 1995, a general overview of findings from all the focus group sessions will be published and should have lobbying potential, says a spokesman.

Healthcare 2000 was formed to explore the issues arising from the imbalance between consumer demand for better service and ever-more stretched resources.

Despite financing by Smithkline Beecham, Wellcome and Glaxo, discussion topics will be independent of any sectional interests.

ALPS calls for subscriptions

The newly-formed Association of Local Pharmaceutical Secretaries (ALPS) is asking members to invest in their own training and performance by subscribing just £5 per annum for every contractor in their area.

Subscription requests were sent out at the end of July to all Local Pharmaceutical Committee Secretaries along with copies of its constitution.

The money raised from subscriptions will be used to help

LPC secretaries improve their submissions for project funding. Explains ALPS secretary Jean Rothwell: "The duties of an LPC secretary have changed over the last five years from doing run of the mill activities to surviving in today's 'free market enterprise'."

"To submit successful tenders and bids these days you need to have the know-how to present yourself in a professional way that's competitive with other health professionals."

If you can't beat 'em ...

Dispensing doctors can turn the Clothier dispensing regulations to their advantage by setting up a corporate dispensing practice themselves and applying to be placed on the Pharmaceutical List before any other bids.

The advice comes from the Dispensing Doctors' Association, which notes that early planning of this nature is key to turning the regulations to the doctors' advantage. Says DDA solicitor, Roger Sceats: "Taking action once news has come from the family health services association that a chemist has applied for the Pharmaceutical List may well be far too late ... if there is no other chemist, the FHSA can hardly decline to consent."

Apart from defending the practice's prescription business from a pharmacy claim, est-

ablishing a corporate dispensing business makes commercial sense, notes Mr Sceats. "Goodwill in the accountancy sense is excluded from most areas of the National Health Service, but a dispensing chemist's business will include a capital value for the trade which can be bought and sold; a corporate dispensing business is in the same position," he says.

A successful corporate application will secure against other bids for five years.

• An application by Vincent Roberts of Denbigh, Clwyd, to set up a pharmacy in Caerwys was turned down after objections by local GPs. They said their practice provided an adequate service and needed the dispensing income because patient lists were below the national average.

Diarrhoea attack

Which? focuses on pharmacy matters again this month, taking anti-diarrhoeals to task.

Loperamide is slammed for masking the symptoms of diarrhoea, rather than curing the condition, and for causing possible fatalities in infants. *Which?* quotes the World Health Organisation in stating loperamide is "unnecessary and a waste of money".

However, in the UK loperamide is contra-indicated in children under 12 for over the counter use. And although it is available on a prescription-only basis for children over four years, the *British National Formulary* emphasises that it should not be used for treating acute diarrhoea in young children.

RPSGB Statutory Committee

Reprimand for container 'popping'

An Asian pharmacist found to keep 'popped' tablets in poorly marked containers has been reprimanded by the Royal Pharmaceutical Society's Statutory Committee.

Ritesh Shah, of Cannons Park, Edgware, denied, but was found guilty of, six offences under the 1976 Medicines Labelling Regulations at Isleworth Crown Court on June 30, last year. He was fined a total of £1,500 and ordered to pay £3,797 costs.

He and his company, Shilun's Ltd, the owner of pharmacies at 36 Haven Green, Ealing, and 191 Leavesden Road, Watford, appeared before the Committee to answer for the same offences.

David Bradley, representing the Society, explained that the 'popping' practice, outlawed by the Committee and the profession's Code of Ethics, was the removal of pills from their correct packaging and placing them in other containers.

Mary Brophy, a Society inspector, visited the shop in Ealing on May 26, 1992, where she met Mr Shah's brother Diviesh, also a pharmacist.

An examination of the shop's stock area revealed six containers

which variously failed to display an expiry date or a batch number, or had their correct labels taken off altogether and replaced with handwritten ones.

Mrs Brophy returned to the shop on May 29 that year where she met Mr Shah. He said he was aware of the labelling requirements and told the inspector: "Since these matters have come to light, I have rectified my mistake and will be more diligent in the future."

He explained the containers were used in the disposal of surplus drugs after he had dispensed the prescribed number of tablets to patients, giving them also the current packaging for those drugs. He estimated the total worth of the surplus tablets to be £35. Mr Shah stressed, however, that there was no financial motive behind the discrepancy.

Mrs Brophy added that she had since visited the pharmacy on two occasions, one of those as recently as a week ago, and had found it to be "satisfactory".

John Jones, representing Mr Shah, gave the Committee references on his client's behalf. "There is no complaint from a

member of the public that he or she got a drug which was time-expired or defective," said the lawyer.

Mr Jones went on to say that there were cases of people prescribing wrong medicines, sometimes with fatal consequences, who had received a reprimand. "When you consider some of the cases which come before the Committee," said Mr Jones, "this case pales almost into insignificance."

The Committee found all six claims against Mr Shah proved. In their judgment, this amounted to professional misconduct.

But ordering only an admonition against Mr Shah, the Committee chairman, Gary Flather QC, said: "It is very clear to every pharmacist in this country that tablets should not be popped out of their foils." Explaining the Committee's leniency, Mr Flather said: "Mr Shah's references are very good indeed. He is clearly a pharmacist who takes his profession very seriously. There clearly can't be any sensible suggestion that he did this to make money."

He added that Mr Shah had not dispensed any 'popped' tablets.

Breaches of the law

I was impressed by the wave of public support for the policeman who 'cuffed' a young man. Whereas I have considerable sympathy for him, it is not, in my opinion, justifiable to assault anyone.

The public sympathy — which gave support to this breach of the law — only reflects a nostalgia for a time when the young had respect for their elders and, as a consequence, for society itself.

We can never take the law into our own hands, but the law is no longer able to protect citizens to an acceptable degree. As pharmacists we are being exposed to the threat of increasing violence.

In the last month, I have been faced with two situations which give me little succour. In the first, a forged prescription was presented by a customer for a Controlled Drug. After I refused to dispense it, the man became aggressive and threatened violence unless I returned the prescription. I did so — it was not very professional, but my concern was for my safety.

In the second incident, a group of boys, aged around 10, entered the pharmacy and quickly dispersed to the four poles of the shop — a common ploy in shoplifting. While I and my staff were herding them out, one

The law is no longer able to protect citizens to an acceptable degree

displayed considerable arrogance. He stood aggressively, stared firmly at me and ask why they were being asked to leave. This was to buy time and create a diversion for his accomplices.

I manhandled him from the premises and later found that I was being charged with assault. The case was handed to my solicitor and through his mediation and a lack of evidence that I used unreasonable force, the boy's parents did not proceed. They had legal aid — I incurred costs.

The stresses and strains of such incidents add considerably to the burden of running a pharmacy. The law must always be respected, but the scales of justice, as I see it, are being tipped against me. By running a business, I will be incurring loss of stock and physical harm, but if I make a stand I will incur legal fees. Protecting my business and standing up for my rights is going to be expensive.

Written by a practising Northern Ireland community pharmacist.



Individuals chill out on planograms

Planograms seem to be flavour of the month and, as Unichem was launching its latest initiative (*Business News* July 30), I received through the post two complimentary packs of 40s Dequadin Lozenges, courtesy of Crookes Healthcare, plus the results of research into the effect of a planogram exercise on GSL and P licensed throat remedies.

To me, the results were as unexciting as they were predictable, proving beyond a shadow of a doubt that my persistence in maintaining my own identity, and displaying brands not available in my multiple competitors, is actually costing me money. In the short-term I am sure Crookes is correct and that, if I followed its advice and merchandised to only display the top dozen brands, my counters would look more attractive and my profits rise.

My problem is the long-term future for me as an individual, because the logical extension of

this would be to produce the same clinical uniformity as every other pharmacy in the neighbourhood. The only difference then would be the colour of the fascia and my own dazzling personality!

I understand the logic of this pressure to rationalise and, though my criticism may seem harsh, I have made note of what Crookes says. I will look again at my counter displays and discontinue some of our more outrageous stock lines, but I will not merchandise to their total exclusion. One of the reasons for my survival has been the maintenance of my individuality by the successful niche marketing of those products which national sales figures so easily dismiss as irrelevant.

Having a nice day in pharmacy

While on the subject of marketing, I have just returned from a well-earned holiday in North America where it was not pharmacy, *per se*, but retail in general that made its greatest impression upon me.

Wherever we went the expression "Have a nice day" seemed to be genuinely offered and, on entering any shop, the nearest assistant would immediately approach with a broad smile and invite us to look around and seek help if needed. At first I found this approach disconcerting, but I quickly grew to enjoy its informality and felt that here was a lesson to be learned.

In Britain, the stiff upper lip still dominates, and we have a long way to go in order to equal this openness of approach. But at my next staff training session I intend introducing a lesson in approachability. Rather than "Only speak when you are spoken to" — which seems to be the instruction given to most British assistants — I will encourage my girls to say "Hello, how are you?" when customers enter the shop — and with a smile!

To be fair, they are already very friendly, but only to those customers they have grown to know. It is the newcomers who require the informality of a friendly smile, but they must be made to feel welcome without intimidation. A problem that, to their credit, seems to have been universally conquered in North America.

Urgent, or what? PPA must cough up the cash

I was not aware that urgent fees can only be claimed for prescriptions dispensed on the day, or for that following the day on which the prescription was written — but that is what I have recently been told in a letter from the Prescription Pricing Authority.

If I am called out at three o'clock in the morning to dispense an urgent script, I might feel annoyed that it was dated three days previously. But I would be outraged if the PPA then refused to pay me an urgent fee. The fact is that I was called out. I did dispense the prescription, and it was deemed urgent. That should be sufficient grounds for the claim and I should be suitably re-imbursed!

In the same letter, I was criticised for claiming broken bulk on regular prescriptions. Here the problem is that the first dispensing of new drugs is often for a split pack, until the prescriber becomes familiar with the pack size. I have many half-packs of drugs on my shelf caused by this problem. The only way I can be re-imbursed is by continuing to claim broken bulk on successive dispensings until, by chance, I receive another script which uses the remainder. If that is an inconvenience to the PPA, I am sorry, but it is my money and not theirs!

Pharmaceutical morale is at an all-time low, hardly surprising when the only constructive instruction we receive from on high is this type of authoritarianism. I consider I am already poorly paid for the job I do. To be told I will not be paid, or am making unnecessary claims, is rubbing salt into an open wound.

Topical REFLECTIONS

Medical matters

Measles alert prompts Government action

Hospital pharmacists will be in the vanguard of the Government's attempts to avert the measles epidemic predicted for next year.

A £20 million campaign to immunise seven million school children in England against measles and rubella will kick off in November following warnings that a major epidemic is likely early in 1995.

Because of poor immunisation uptake in the past, it is predicted

that 100,000 to 200,000 children could be affected, resulting in an estimated 50 deaths. The campaign aims to vaccinate 95 per cent of school children aged 5-16 years.

The Government's new programme will extend rubella immunisation to all school children, abandoning its annual rubella schoolgirl vaccination programme after evidence that there has been a significant upsurge in infections in young

men, resulting in an 11-fold increase in the number of rubella infections in pregnant women between 1992-1993.

However, a combined measles/rubella (MR) vaccine is unavailable in the UK as protection against the two diseases, is given in the form of the MMR vaccine, which also protects against mumps. But a letter circulated to all regional pharmacists from the Department of Health's chief pharmaceutical officer, Bryan Hartley, confirms that 10 million MR combination vaccines will be distributed to hospital pharmacies from mid-October this year.

Pharmacies are asked to hold a maximum of two weeks' supply of the vaccine at any one time from the first week in October. Hospital pharmacists should liaise closely with district immunisation co-ordinators to organise deliveries from pharmacy stores to the relevant schools.

The Health Education Authority is to mount a national media campaign aimed at parents in October.

Longer life span for HIV-positives

Up to 25 per cent of people infected with HIV may not develop AIDS for more than 20 years, says a study in the *British Medical Journal*.

Extrapolating data from 111 haemophiliacs with known dates of HIV infection, researchers used a mathematical model to predict the development of AIDS after 1993, based on changes in CD4 lymphocyte counts. Asymptomatic patients were given zidovudine and prophylactic pentamidine, co-trimoxazole and fluconazole once their CD4 count dropped to $200 \times 10^6/l$.

The model estimated that 36 men would develop AIDS by the beginning of January, 1993 (defined as a CD4 count of $50 \times 10^6/l$), the actual figure was 41.

The study notes that patients who contract the infection when they are under 15 years of age are more than twice as likely to remain AIDS-free for 20 years, when compared with those contracting HIV after 30 years of age.

Although the results sound very promising, the authors are cautious. "The extent to which these estimates will apply to non-haemophiliac patients is uncertain," they say.

• Wellcome's Retrovir (zidovudine) has received approval for its use in reducing the risk of HIV transmission from mother to infant from the US Food and Drug Administration Antiviral Drugs Advisory Committee. The FDA will consider this recommendation when it reviews Wellcome's US subsidiary's application for this new indication for Retrovir.

TB drug resistance

Fears that multi-drug resistance in HIV-positive individuals could herald a tuberculosis epidemic have been allayed by a report in *The Lancet*.

It concludes that multi-drug resistance is not due to a new mechanism and occurs irrespective of whether patients are HIV-infected. "Multi-drug resistant TB is simply a reflection of treatment difficulties. TB chemotherapy is not subject to a new threat," say the authors.

Script Specials

Cica-Care scar management

Cica-Care is an unlicensed semi-occlusive silicone gel sheet for the temporary treatment and prevention of hypertrophic and keloid scarring. It is also semi-adhesive, has a greater durability and is re-usable.

It comes in 12 x 15cm sheets which can be cut and the adhesive side applied to the scar area for at least 12 hours per day, and ideally for 24 hours (retail £21/sheet; £200/10). Patients can gradually

increase the length of time the dressing is applied to acclimatise the skin.

Cica-Care should be washed twice daily in a mild, non-oily soap solution and rinsed in warm water. Each sheet should last for around 4-6 weeks, and be replaced once wear occurs. Patients should avoid using ointments in conjunction with the product. **Smith & Nephew Pharmaceuticals. Tel: 0708 349333.**

Axid 30-packs

Axid pulvules from Eli Lilly are now available in 30-pack sizes. The basic NHS prices for 150mg x 30 packs and 300mg x 30 packs are £11.34 and £21.74, respectively. **Lilly Industries Ltd. Tel: 0256 473241.**

No fridge RecTubes

Following the discontinuation of CP Pharmaceuticals' Stesolid, the company has introduced Diazepam RecTubes. Available in 5 and 10mg strengths, the tubes are individually foil-wrapped and do not need to be refrigerated. The basic NHS price for 5mg x 5 is £6.38 and for 10mg x 5 is £8.12. **CP Pharmaceuticals. Tel: 01978 661261.**

Zinacef hospital

Glaxo has added a 100-vial Zinacef 750mg hospital pack to its range, with a basic NHS price of £255. **Glaxo Pharmaceuticals. Tel: 081 990 9444.**

Nutrineal PD4

Baxter Healthcare has introduced Nutrineal PD4 solution for peritoneal dialysis, specifically for malnourished patients with end stage renal failure. It has a basic NHS price of £9.89 for 2 litres. **Baxter Healthcare. Tel: 0635 200020.**

Mydrilate storage

Mydrilate eye drops should now be stored in a refrigerator at 2-8°C, a change from the previous indication of "below 15°C". **Boehringer Ingelheim. Tel: 0344 424600.**

Dansac Oval up

Dansac's range of Unique Oval pouches has undergone a price increase. The basic NHS price for the closed pouch is now £54.86 for 30 (was £52.75) and the drainable pouch is £56.06 for 30 (£53.90). **Dansac Ltd. Tel: 0223 441144.**

Dramamine 500

Searle is discontinuing the 500-pack size of Dramamine with immediate effect as stocks have now been exhausted. **Searle Pharmaceuticals. Tel: 0494 521124.**

Erythromycin added

RP Drugs has added erythromycin suspensions to its generics list: 125mg/5ml (trade price £1.14 for 100ml), 250mg/5ml (£1.73) and 500mg/5ml (£3.88). **RP Drugs Ltd. Tel: 0532 441400.**

Interferon video

Schering-Plough has produced a support package for patients on interferon therapy. A ten-minute video demonstrates self-injection

techniques while a booklet complements this information. A series of disease-specific leaflets explaining multiple melanoma, non-Hodgkins lymphoma and chronic myeloid leukaemia, has also been produced. Copies of all material can be obtained from the Marketing Department, Schering-Plough Ltd, Schering-Plough House, Shire Park, Welwyn Garden City, Hertfordshire AL7 1TW.

Approved names

The latest *British Approved Names* dictionary now incorporates the 187 names added since the 1990 edition. *British Approved Names* is available from HMSO shops. **ISBN 0 11 321804 4.**

Capillary booklet

A guide to capillary blood sampling in the home and hospital has been produced by Owen Mumford. The 20-page booklet contains advice on how samples should be taken and lists product information. It is available free to pharmacists by contacting Elaine Stewart, Owen Mumford. **Tel: 0993 812021.**

NRT patch

Nicorette patches represent good value for money in terms of extending smokers' life expectancy, says a report in the *British Journal of Medical Economics*.

News like this doesn't happen in the cold and flu market every day.

For the first time ever, the analgesic, antipyretic and anti-inflammatory properties of ibuprofen come together in the same tablet with the proven decongestant action of pseudoephedrine.

Nurofen Cold & Flu offers outstanding relief from all major cold and flu symptoms. And, supported by a £4.5m promotional spend, you know it'll boost your sales as well.

So make sure you've stocked Nurofen Cold & Flu. It'll make the difference to you and your customers.



AT LAST, RELIEF THAT MAKES ALL THE DIFFERENCE.

For a free copy of our comprehensive clinical guide, please contact: Crookes Healthcare Ltd., P.O. Box 57, Nottingham NG7 2LJ.



See the evidence for your shelf.

Recent Counterpoint data¹ shows that **Gaviscon** is the UK's no.1 self-selected heartburn treatment in pharmacy.

Which is not surprising when you consider the relief that Gaviscon brings to 4 out of 5 of your heartburn customers.^{2,3,4}

But you don't have to take our word for it.

Simply place Gaviscon on self-select display and see a convincing demonstration of the evidence for your shelf.

GAVISCON

**Keeps acid where it works
not where it hurts**

Product Information. **Active Ingredients:** Liquid Gaviscon: Sodium alginate BP 500mg, sodium bicarbonate Ph. Eur. 267mg, calcium carbonate Ph. Eur. 160mg per 10ml dose. Gaviscon 500 Tablets: Alginate acid BP 500mg, sodium bicarbonate Ph. Eur. 170mg, dried aluminium hydroxide gel BP 100mg, magnesium trisilicate Ph. Eur. 25mg per tablet. Gaviscon 250 Tablets: Alginate acid BP 250mg, sodium bicarbonate Ph. Eur. 85mg, aluminium hydroxide gel BP 50mg, magnesium trisilicate Ph. Eur. 12.5mg per tablet. **Indications:** Liquid Gaviscon & Gaviscon 500 Tablets: Heartburn, including heartburn of pregnancy, dyspepsia associated with gastric reflux, hiatus hernia and reflux oesophagitis. Gaviscon 250 Tablets: Heartburn and acid indigestion. **Contra-Indications:** None known. **Dosage Instructions:** Liquid Gaviscon: Adults and children over 12: 10-20ml, children 6-12: 5-10ml liquid after meals and at bedtime. Children under 6: Not recommended. Gaviscon 500 Tablets: Adults and children over 12: 1 or 2 tablets after meals and at bedtime. Children under 12: Not recommended. Gaviscon 250 Tablets: Adults and children over 12: 2 tablets as required. Children under 12: Not recommended. Chew tablets thoroughly

before swallowing. **Note:** 10ml liquid contains 6.2mmol sodium. One Gaviscon 500 Tablet contains 2.1 mmol sodium. Gaviscon 250 Tablet contains 1.02mmol sodium. Both liquid and tablet forms of Gaviscon are sugar-free. **Retail Prices:** Liquid Gaviscon 100ml £1.67, 200ml £2.99, Gaviscon 500 Tablets 12 £2.45, Gaviscon 250 Tablets 24 £2.09. **Product Licence N** 44/0058 Liquid Gaviscon, 44/0140 Liquid Gaviscon Peppermint Flavour, 44/0141 Gaviscon 500 Lemon Flavour Tablets, 44/0103 Gaviscon 250 Tablets, 44/0143 Gaviscon 250 Lemon Flavour Tablets. **Legal Category:** GSL. **Method of sale:** Through registered pharmacies. **Holder of Product Licences:** Reckitt & Colman Products Limited, Dansom Lane, Hull HU8 7DS. GAVISCON and the sword and circle symbol are registered trademarks. **Date of preparation:** 23/6/94. **References:** 1. Taylor Nelson Counterpoint MAT to June 1993. 2. Chevrel B. (1980) *J. Int. Med. Res.* 8: 301. 3. Ward A.E. (1989) *Br. J. Clin. Pharm.* 43: 2. Suppl 66: 52. 4. Williams D.L. *et al.* (1979) *J. Int. Med. Res.* 7: 551.

RECKITT & COLMAN
PRODUCTS

Counterpoints

Rudolph gets Matey

New to the Matey range this Christmas is Rudolph — a reindeer character — who joins Snowy and Santa from November to coincide with the peak pre-Christmas season.

Rudolph (rsp £1.59) features not a nose which changes colour but a cap. It goes from green to yellow when immersed in warm water.

Sara Lee claims the Matey brand has a 60 per cent share of children's bath liquid market (valued at £14 million). **Sara Lee Household & Personal Care. Tel: 0753 523971.**

Bodyform bonus

Sancella has created a new TV advertisement to promote the Bodyform Invisible brand and is spending £1.6 million on a three-month campaign.

Airing now, the ad features two girls driving through the Australian outback. They chance upon a man working with a metal grinder who ends up customising their car by slicing the roof off.

The strapline, 'Bodyformed for you', and the distinctive music have been with the brand for six years. The campaign runs through to October. **Scott Ltd. Tel: 0342 327191.**

Elida Gibbs takes Lynx into shaving

Elida Gibbs is extending its £70 million Lynx brand into the men's shaving sector with the launch of six lines under the Lynx Systeme name.

In taking on Gillette, which dominates the sector with the recently extended Series brand, Lynx Systeme claims to offer a convenient solution for men who can't be bothered to condition their skin after shaving, as each of the products contains built-in moisturisers.

Elida Gibbs' category trade manager, Manita Khuller, says: "Research told us that there are many men who suffer the discomfort of sore and dry skin after shaving because they can't be bothered to use a moisturiser."

The range, which is positioned in the premium sector of the market, is made up of a moisturising shaving foam (200ml, rsp £1.79) and gel (150ml, £2.39), moisturising aftershave (100ml, £6.95) and aftershave gel (100ml, £4.95), shower gel (200ml, £2.29) and sensitive deodorant (150ml, £2.39).

The shaving gel and foam contain three moisturising actives, says Elida Gibbs, as well as micro lubricants to improve razor glide. Both aftershave lines contain less alcohol than

traditional products, and the company believes they are the first aftershaves to offer real moisturising.

The fragrance is described as "light and discreet", and was developed jointly with Ann Gottlieb, a leading consultant who helped develop Eternity and Escape for Calvin Klein.

While the total advertising spend for Lynx for 1994 is £9m, Elida Gibbs will be putting £4m behind the shaving range from its launch on August 8 to the end of the year. A 30-second commercial will promote the main range, backed up by two 10-second slots, one specifically for the aftershave gel.

Two trial sizes will be available at the time of launch — a 75ml shaving gel and a 100ml shaving foam (both £0.85). A Lynx Systeme Christmas pack has been developed, combining the deo and shaving gel for £4.75.

A counter display unit holding the whole range plus product leaflets is available, and for larger accounts there is a free-standing floor unit.

The new range will be a key investment priority over the next three years, says Manita Khuller, and Gibbs is aiming for 100 per cent distribution of all six

lines in all major accounts.

Lynx, launched in 1975, takes a leading 15.2 per cent value share of the £445m male toiletries market (Dec '93 Nielsen), ahead of Gillette and Old Spice from Procter & Gamble. Shaving preparations take a 10.4 per cent value share of the male market, and here Gillette dominates with a 41 per cent sterling share of foams and over 50 per cent of gel sales.

Elida Gibbs says the shaving market will benefit from some competition, and also points to a change in male attitudes. The UK male now spends three hours a week on personal grooming. Self-purchase, usage and penetration of male toiletries is also increasing. **Elida Gibbs. Tel: 071 486 1200.**

2-in-1 additions

Barclay Enterprise has introduced three 2-in-1 shampoos to complement its Enterprise hair care range.

In brightly-coloured 250ml bottles, all three variants contain panethanol for extra conditioning and are based on herbal extracts. Each variant retails at £0.99 and comes in a pack of 12. **Barclay Enterprise Ltd. Tel: 0782 784444.**



Doctor's tea time

Dr Stuart's Botanical & Fruit Teas are now stamped with a special seal to recognise the pharmacopoeial grade herbs that they use. In recent independent analysis, Dr Stuart's Chamomile Tea was shown to contain an active oil content of more than 2.5 times that of the next nearest brand.

The tea range is currently on offer with Dr Stuart's Peppermint and Chamomile available at £0.99 for 20 sachets, and Tranquility, Vespers, Apple & Blackberry, Strawberry & Raspberry, Elderberry and Mediterranean Citrus Tea available at £1.25. **Dr Stuart's Botanical & Fruit Teas. Tel: 0359 242208.**

AFT cultivates naturals market with Earths Harvest

Former Revlon general manager Desmond Gurrie has set up AFT International to market a line of non-animal tested toiletries, Earths Harvest.



The range comprises 17 products, all of which contain natural ingredients (and no animal derived ones either) and retail at a standard £1.59 (save the all purpose cream at £2.35).

In shampoo and conditioner there are three variants: Crisp Green Apple and Burdock, Tangy Raspberry and Ginger, Fresh Peach and Almond Oil. There is one 2-in-1, Camomile and Jojoba. The bath essences are in White Musk and Aloe Vera, Fresh Dewberry and Hawthorn, and Magnolia Blossom and

Meadow Foam, which all have complementary body lotions. There are four stand-alone products: Foot Balm (peppermint and menthol), Cleansing Milk (cucumber and passion fruit), Moisturiser (avocado and kukui nut) and All Purpose Cream.

Packed in multiples of six, products are barcoded.

AFT also markets two other lines, Natural Conclusion (a budget, natural toiletry range with £0.99 price points) and Q'dante (a body spray range). **AFT International. Tel: 081 570 6056.**

No animal testing please, we're British

In a poll commissioned by the recently-established Cosmetics Industry Coalition for Animal Welfare, it was found that 77 per cent of people prefer to buy cosmetics which have not been tested on animals.

Support was found to be overwhelming for the introduction of laws and regulations to control ethical labelling, with 90 per cent in favour.

It also transpired that 91 per cent did not realise

that the majority of companies did not observe the 1976 Fixed Cut-Off Date. Seventy-four per cent wanted this to be the industry standard and 86 per cent would like to see a distinct logo to signify this strict criterion.

The survey was conducted during March-May, 1994 among 1,016 respondents from Scotland, the Midlands, London and Southampton. **CICAW. Tel: 0892 517000.**

Wella's mousse option

Semi-permanents are the most popular type of hair colorant and Wella's new line is the first in a mousse format (all other colour mousses on the market are temporaries). The company is therefore set to do battle with the hair colorant gels from Clariol, Garnier and L'Oreal which have recently taken the market by storm.

Aimed specifically at 15-26-year-olds, Wella Colour Mousse isn't going after the 'covering grey' sector. "This is a fashion story," says Marian Conn,



category manager. She believes that the company's heritage, with ShockWaves, gives the brand a good mousse background and its presentation in a 40ml single dose application makes it an easy to use product. There are 12 shades available and each will retail at £2.99.

The launch will be supported by a £3 million TV advertising campaign which breaks in September. The 30-second commercial is set to 'Great Balls of Fire'.

Particular sales support for independent chemists includes a new interactive shade guide as well as a

launch offer price of £2.69.

• Wella is also relaunching its Shaders & Toners brand which it acquired from Smithkline Beecham last year. The new packs show photographs of models whose hair is tinted to the shade in the sachet. There are seven new shades, retaining just three of the most popular original colours. Formulation and price remain the same at £0.79.

The relaunch is being supported by a £500,000 campaign in the teenage press and on radio. The core consumer is expected to be aged 12-16. **Wella Great Britain. Tel: 0256 20202.**

Rimmel in the clear

Rimmel's Clear Complexion is a collection of five products to treat problem skin without drying it.

Each contains Dermacheck, an antibacterial ingredient developed by Rimmel. Targeted to all women, rather than just teenagers, the range is designed as a cosmetic rather than medical solution for people who suffer from spots.

Five steps are recommended for a clearer complexion. The soap-free active cleansing wash (£2.99) is used twice daily to remove impurities and excess oiliness. Shine control lotion (£2.29) is a light emulsion which can be worn on its own or under make-up to maximise oil control.

A shine control foundation (£2.29), available in four shades, also helps to keep the skin shine-free and disguises blemishes.

Other products in the range are cover and care concealer in three shades (£1.75) and anti-shine powder (£1.85).

The products will be sold in by September, when radio advertising starts, and POS leaflets give full details of the range. **Rimmel International Ltd. Tel: 0233 625076.**

Golden opportunities from Unichem

Unichem has a whole host of August special offers for its Gold Partner customers, including multibuy discounts, exclusive promotions and extensive advertising and point of sale support.

In healthcare, the company is offering a 5 per cent discount when four leading lines are ordered: Sanatogen Cod Liver Oil 50s pack, Sanatogen Cod Liver Oil High Strength capsules, Pepcid AC and Unichem Ibuprofen 400mg. A healthcare counter unit will also be available supported by point of sale material, including shelf edge strips and a window poster promoting self-medication. This offer will be backed by a press and TV advertising campaign.

Other Gold Partner offers include a £1 discount on Slim-Fast cans (down from £6.49 to £5.49); a price reduction on Oxysept Contact Care Solutions (down from £9.58 to £8.95); a multibuy offer on baby toiletries; and a 35 per cent discount on one case of Pre-Brush Rinse, if a pharmacist runs

Unichem's 'Buy 1 Get 1 Free' offer.

Outside of the Gold Partner promotions, Unichem's August offers include some new ideas for Christmas. It is introducing three new character lines in its hot water bottle range: Pink Rabbit, Green Frog and Large Teddy. The first two have a trade price of £5.35 (rsp £8.99) and the larger one has a trade price of £5.95 (rsp £9.99). There is a 15 per cent discount on the normal trade price of all hot water bottles when 36 units are ordered.

The company is also running a special offer on its 400mg extra strength Ibuprofen 24-tablet pack (launched last July) with a 20 per cent discount on the normal trade price of £12.60 for a case of 12 (rsp £2.09 per item).

Manicure products are also in focus with pharmacists receiving up to 15 per cent discount on the trade price or 10 per cent when they purchase the complete merchandise stand comprising 18 products. **Unichem. Tel: 081 391 2323.**

Savlon star

Zyma Healthcare's Savlon has just launched an eight-week £750,000 TV campaign with the tag line, 'Apply some Savvy, apply some Savlon'.

The three different 10-second commercials use animated computer graphics to communicate both problem and the solution. The campaign also features the 10 per cent free product promotion on Savlon Antiseptic Cream (30g) which will continue throughout 1994. **Zyma Healthcare. Tel: 0306 742800.**

Condom week

National Condom Week (from August 8) sees the start of a new partnership between Joe Bloggs and Durex in a new condom called 'Jeans'. The denim development is to be launched throughout the UK in over 700 clothing outlets where Joe Bloggs jeans are sold. Anyone over 16 years of age buying a pair of Joe Bloggs jeans will get a pack of three of the new condoms free during the launch period. **LRC Products Ltd. Tel: 081 527 2377.**

Perfect perms

Poly Hair Cosmetics has introduced a new free consumer booklet called 'Poly Perfect Perms'. Designed for use at point of sale, the colour booklet gives advice and hints on how to create a variety of contemporary perming styles at home. **Henkel Cosmetics. Tel: 081 804 3343.**

Tampax number

The telephone number for Tambrands has now changed. **Tambrands Ltd. Tel: 0705 442000.**

On-pack fitness

Dr Pepper is featuring a 'Get Fit and Win' promotion on 330ml cans of Diet Dr Pepper and gives consumers the chance to receive keep-fit steps, fitness videos and branded sports bags. **Food Brokers Ltd. Tel: 0705 219900.**

Tubigrip promo

Seton Healthcare is offering a range of free educational and promotional material to support its Tubigrip brand. The promo pack consists of branded point of sale and display material including healthcare display stands, shelf trays and edgers.

Educational material includes literature on the treatment of sprains and strains. Free Tubigrip measuring guides are also available. **Seton Healthcare Group plc. Tel: 061 652 2222.**

Dunking Dinos

The Jacob's Bakery is backing its launch of Dunking Dinos biscuits with a TV campaign worth £500,000. It features cartoon character Jake and will reach 65 per cent of all children nationally, the company claims. **The Jacob's Bakery Ltd. Tel: 0734 492000.**

Nurofen on air

From August 22, Nurofen will be airing a £2 million burst of its 'Clouds' TV commercial nationwide for six weeks.

Crookes is also making its Nurofen pharmacy counter unit available again. Introduced last year, the unit emphasises the brand's tag line, 'Breaks through pain'. The unit is pre-packed with 20 x 12, 10 x 24, 5 x 48 and 4 x 96 tablet packs. **Crookes Healthcare Ltd. Tel: 0602 507431.**

Sprinkler top

Canderel is shaking things up in the low-calorie sweetener market with a new sprinkler lid. The new format should attract new users and also encourage existing consumers to use more, the company says. **Searle Consumer Products. Tel: 0494 521124.**

Just fancy flash

Energizer Flashlights, the premium range of torches from Every Ready, has extended its range to include a new Dual Function Lantern. It can be used as either a sturdy hand lamp or as an area light. It retails at £13.99. **Ever Ready Ltd. Tel: 081 882 8661.**

Free brushes

A recent study on the effectiveness of Dent-O-Care's Superbrush at plaque removal has resulted in it being issued free to some school children in Europe. Children who used Superbrush showed 20 per cent less plaque after one month than with the regular toothbrush.

The research was carried out by the PGA, the dental organisation in Austria. And the Austrian authorities were impressed enough with their findings to purchase a Superbrush for every school child in Upper Austria. **Dento-O-Care Ltd. Tel: 081 459 7550.**

Cranberry sixes

Ocean Spray, the fastest growing brand in the 1 litre tetradrink sector, is to launch a new six-pack board wrap for its top performer Cranberry Classic. Each pack contains six 1 litre cartons. **RHM Ltd. Tel: 0531 633181.**



WHEN THE LAST THING THEY NEED IS A TENSION HEADACHE THE FIRST THING THEY NEED IS PARACODOL®

Today, three out of four headaches are tension headaches. And women with young children are four times as likely to suffer than the rest of the population.

Stress can lead to the pain of a tension headache, pain which can increase stress and lead to greater pain. It's a vicious circle. But the paracetamol and codeine in Paracodol is tough on pain, working fast to get rid of the headache, and break that circle of pain.

Just as Paracodol works fast to get rid of a tension headache, the new

advertising will work fast to get your customers asking for it.

There has never been an analgesics campaign which has more impact or more selling power. It starts in July in women's magazines and continues into 1995. That's over six months of high-profile, high-frequency national support for the pharmacist from Paracodol.

So, make sure that being out of stock won't cause you a headache when customers ask for Paracodol.



PAIN CAN'T HIDE FROM

PARACODOL®

ESSENTIAL INFORMATION: Each tablet/capsule contains: Paracetamol 8P 500mg and Codeine Phosphate 8P 8mg. Paracodol tablets contain the equivalent of 1.5g of Sodium Citrate 8P. For the treatment of pain, including muscular and rheumatic pain, toothache, migraine, neuralgia, sore throat, period pain and discomfort associated with influenza, feverishness and feverish colds. **Dosage:** Dissolve tablets in water before taking. Adults: 1-2 tablets or capsules. If necessary, the dose may be repeated every 4-6 hours, with a maximum of 8 tablets or capsules in 24 hours. Children: 6-12 years: 1/2-1 tablet. Not more than 4 doses to be taken in 24 hours. Tablets are not recommended for children under 6 years, and capsules are not recommended for children under 12 years. Customers requiring tablets who are on a reduced sodium diet or who have renal or hepatic impairment should be referred to their doctor. **Legal Category:** P **Product licence holder:** Radiol Chemicals Ltd. PL 0339/0030, PL 0339/0035, PL 0339/0043 Date of last review 24th March 1994 **Pricing:** Soluble Tablets 10's: £1.30. 30's £3.32. 60's £4.95. Capsules: 10's £1.25. 30's £3.13.



Roche Consumer Health

FOR FURTHER INFORMATION, CONTACT ROCHE CONSUMER HEALTH.

PO BOX 8, WELWYN GARDEN CITY, HERTFORDSHIRE AL7 3AY. OR CALL 0707 366000

Paracodol® is a registered trademark



Forward march!

Milupa is to join the follow-on milks market with the launch of Forward.

According to the company, Forward aims to capitalise on the 42 per cent of mothers with babies aged 9-10 months and the 21 per cent with babies aged under one who are still giving their babies cows' milk.

Offering the same nutritional benefits as other follow-on milks (better balances of protein, sodium, vitamins A, C and D and higher iron levels than cows' milk), Forward boasts one important advantage, says Milupa: it offers a higher energy density — 74kcal/100ml

compared to the 70kcal/100ml offered by Cow & Gate Step Up — thus ensuring that fats and carbohydrates rather than protein stocks are used as an energy source. This means that protein can be channelled into growth.

Support for the launch includes parenting and women's press advertising plus information leaflets placed in the Milupa Direct Mail Programme.

A national promotion offering a free Tomy toy worth £6-£7 at rrp with proof of purchase from the 900g or two 450g packs, rrp £5.85 and £3.19 respectively, will also run. **Milupa Ltd. Tel: 081 573 9966.**

On TV Next Week

CTV Grampian	C4 Channel 4	STV Scotland (central)
B Border	U Ulster	Y Yorkshire
BSkyB British Sky	G Granada	HTV Wales & West
Broadcasting	A Anglia	M Meridian
C Central	CAR Carlton	TT Tyne Tees
CTV Channel Islands	GMTV Breakfast	W Westcountry
LWT London Weekend	Television	

Arm & Hammer Toothpaste:	C4, GMTV
Bisodol Heartburn:	All areas except CTV, CAR, GMTV
Bodyform Invisible:	All areas
Colgate Bicarbonate of Soda Formula:	All areas
Colgate Precision:	All areas
Gillette Sensor Excel:	All areas
Gillette Sensor for Women:	All areas
Gillette Series (aftershave conditioner):	All areas
Gliss Corimist:	C4, GMTV
Impulse:	C, A, HTV, W, M, LWT, CAR, C4, BSkyB, GMTV
New Poli-Grip Ultra:	All areas
Nytol:	All areas
Organics:	C, A, HTV, W, M, LWT, CAR, C4, GMTV, BSkyB
Palmolive 2 in 1:	All areas
Pepcid AC:	All areas
Radian-B:	U, B, G, Y, C, A
Rap-eze:	All areas except CAR
Savlon:	All areas
Sensodyne toothpaste:	All areas except CTV, LWT, GMTV
Slim-Fast:	All areas
Solpadeine:	All areas except B, Y, CTV, CAR
Sure:	C, A, HTV, M, LWT, CAR, C4, BSkyB

SB relaunches Diocalm Silver Seal revamp

Diocalm has been relaunched and repositioned by Smithkline Beecham as the only diarrhoea treatment with three effective solutions for relief.

The three solutions are: Diocalm Ultra (capsules), Diocalm Dual Action (chewable tablets) and Diocalm Replenish (a powder for oral rehydration therapy).

The relaunch is being

supported by a £500,000 consumer press advertising campaign.

Trade support includes 3,000 counter-top product dispensers with consumer leaflets entitled 'Your Passport To A Healthier Holiday'. Window cards have been printed and free sunglasses for pharmacists are an incentive.

Smithkline Beecham Consumer Healthcare. Tel: 081 560 5151.

Avoiding a different kind of burn in the sun

Whitehall Laboratories has produced a travel leaflet, 'Your Holiday Health Guide', which contains a Bisodol Heartburn sample pack of ten tablets (worth £1.05). It will be made available to consumers through reader offers

carried in selected regional papers.

According to the company, two out of every five travellers are affected by some form of gastrointestinal upset. **Whitehall Laboratories. Tel: 0628 669011.**

Numark offers

Numark's national promotion this month includes a consumer offer linking Huggies Nappies with Numark Baby Wipes. This provides retailers with two free cases of Numark Baby Wipes 12s, travel size (worth £20.22), when they buy any five cases of Huggies Nappies (except Newborn).

Special twin-packs of Mentadent SR 50ml have been produced to provide a 'buy one and get one at half price' offer. Both offers are supported by POS material. **Numark Management Ltd. Tel: 0827 69269.**

Corn free

Recent research published in *The Foot* has shown that removing corns with products containing Scholl's adhesive matrix causes less maceration than using waxy paste products. **Scholl Consumer Products Ltd. Tel: 0582 482929.**

While alkaline batteries have overtaken zinc in volume terms in the last 12 months, the zinc battery is far from dead.

Indeed, Ever Ready is currently relaunched its top-selling brand, Silver Seal. The zinc sector is valued at over £100 million and the company claims that in independents, zinc batteries command the lion's share by volume of all sales — 61 versus 39 per cent.

The battery and packs have both been redesigned, although the familiar red livery remains, livened up with the addition of silver graphics. The range has also been extended to include two new blister cards.

The pricing structure has also been revised, with a price threshold of upto £1.99, increasing the retailer's cash margin by 30 per cent (trade prices remain virtually unchanged).

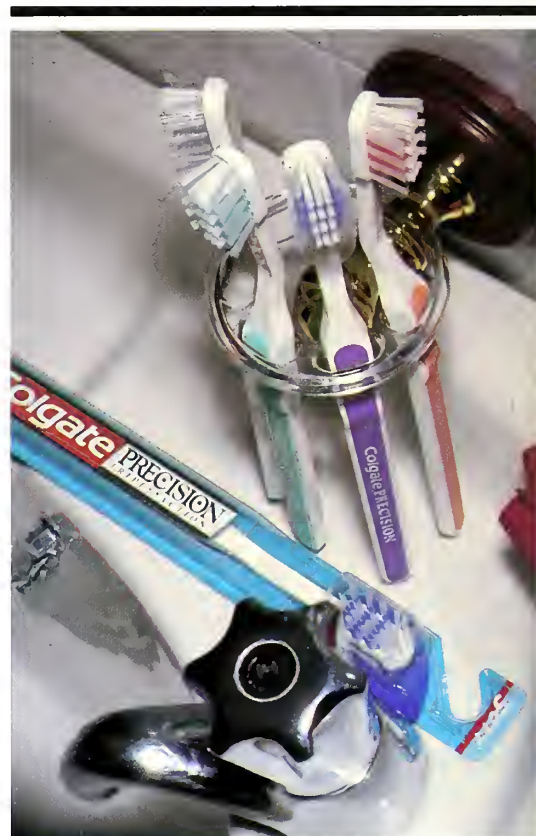
The new look will be supported by a £500,000 promo campaign, which includes the distribution of 2.7 million money-off next purchase coupons. **Ever Ready Ltd. Tel: 081 882 8661.**

Hair regrowth

Datamonitor's new report on the UK hair care market shows that 2-in-1s have the highest growth rate in a sector which is now worth £706 million.

The market's growth rate was gauged at 7.6 per cent in 1993, the highest in the last five years. And while shampoo has grown, hair spray and home perms have declined.

The report also highlights Wella's acquisition of Smithkline Beecham's hair care brands, Silvikrin, Vosene and Bristows which effectively puts Wella at the UK's number two position, after Procter & Gamble. **Datamonitor. Tel: 071 625 8548.**



Colgate-Palmolive is bolstering the successful introduction of its Colgate Precision toothbrush with a fresh £1 million burst of the 'Talking Teeth' campaign. According to Infoscan data it now holds a 7.2 per cent share of the market. **Colgate-Palmolive Ltd. Tel: 0483 302222**



**11-12 SEPTEMBER 1994
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The place to be on September 11-12

Top secret ...

A Nelson is promising the company's "biggest ever product launch", but is refusing to let the cat out of the bag until September 11. Intrigued? Then visit Stand L5. You might also win £500 of travel vouchers.

Colourcare again

Photoprocessor Colourcare is back at Chemex after a three-year gap to launch a completely new look for independent retailers. Promotional packages for the autumn plus special deals can all be found on Stand D15.

Numark's news

No independent pharmacist can be unaware that Numark is gearing up to become a retailer-owned organisation. Hopefully, come Chemex, Terry Norris and co will be able to flesh out the concept. For Numark pharmacists, Stand K16 is a must!

Late arrival

Henkel Cosmetics is a late entrant to Beauty 94 on Stand E30. Full details to follow.

A taste of things to come

There's a new kid on the block — stand H19 to be precise. Warner Wellcome Consumer Healthcare is the new outfit which has moved straight into the top slot as the leading OTC supplier in the UK and Ireland.

Innovative product introductions and initiatives for the winter season will be revealed at the exhibition, the company promises. Key personnel will be on hand to provide details of support activity planned for the rest of 1994 and 1995.

Pharmacists are invited to take part in prize draws running over the two days of the show to win half a case of champagne.

Distributor David J Hart is making its first appearance at Chemex representing no less than six companies (Stand C35).

Jerome Russell Cosmetics is relaunching its natural extract range Body Health with new formulas and packs. The company will also be introducing a new line called Bitter Sweet, a natural extract tablet which claims to reduce

the temptation for sweet things such as chocolate. Sounds intriguing!

Other companies represented on the stand include Wigmore Products, Newton Consumer Products, Rieman UK and Salonpas.

G(NS) Creations, a new UK-based manufacturer, is using Chemex to launch two new ranges of toiletries — a luxury range for women called Saskia, and for men, Granite. They can be seen on Stand D24.

Don't give G B Kent the brush-off! The company's entire wood and bristle range of brushes will be showing off its new packaging on Stand A38.

A range of Christmas gift sets — popular sellers through



pharmacies, according to sales director Alan Dixon — will also be on display.

Packing for Kent's brushes has novel 'finger holes' to help customers choose the correct strength of bristle for their hair.

Kent is offering deals on all orders placed at Chemex: 10 per cent discount on transfer or direct against minimum orders of £100.

Sourcing the essentials

Where does an independent pharmacist go to get all those retailing essentials that no one else really cares about. The answer, of course, is their trade association, the NPA.

The National Pharmaceutical Association's Village will again be an essential port of call for many Chemex visitors. The NPA's impressive array of goods and services — from business aids to insurance and training courses — will be on display, and NPA executives on hand to discuss the details.

The Royal Pharmaceutical Society's recent decision to require pharmacists to introduce sales protocols for medicines, and train counter staff, has put the NPA's training department in the hot seat.

NPA-promoted suppliers form an important component of the Village, and there are some hefty discounts to be gained by buying at Chemex — making a visit real value for money.

If you haven't caught up with the fact that your phone number will be soon be out of

date, Gordonprint has. The company is offering 50 per cent off Metro pricing guns or a free block with your new code.

For those who fancy brightening up shop or home, Academia has drug jars from Italy reduced to clear. The company will be previewing a forthcoming NPA promotion as well as offering a chance to sample the delights of the NPA's Christmas hampers.

To sell you need to be seen, and Faylite, maker of neon signs, can help here. The company is offering discounts of £40. A discount of £50 is offered by Precisa on its Viscount tablet counter. The usual 10 per cent NPA discount also still applies.

Canon is offering discounts on a wide range of office equipment. A new range of fax machines will be on show.

Visitors who have exhausted themselves at the Village should not forget that they are entitled to a revitalising one, the courtesy of Pharmacy. Sole and whose stand is adjacent," he says.

Pulling in the punters

The Chemex ticket hotline is buzzing. Visitor requests are already 60 per cent above last year's total, a most encouraging sign with the exhibition still six weeks away.

"This bodes well for a well-attended and profitable show for companies which look to Chemex to provide them with a major business forum," says Hugh Robinson, exhibition organiser.

Such a high level of ticket requests at this stage clearly demonstrates that Chemex really has established itself as a major event in the community pharmacist's calendar. Plans are obviously being laid well ahead of the holiday season for a trip to Wembley on September 11-12.

To get your free ticket to Chemex '94 telephone 081 302 7215.

The bare necessities

- Chemex 94 will be taking place at the Wembley Conference and Exhibition Centre, London, on Sunday and Monday, September 11-12.
- Visitors requiring overnight accommodation should contact Res-O-Tel (081 542 6611) who will be offering special rates for Chemex visitors.
- Free parking for up to 6,000 cars is available at Wembley.
- Shuttle buses will run to the exhibition from Wembley Park Underground station.
- Crèche facilities will be provided for young children. Visitors should note that children under 16 years of age are not allowed in the exhibition halls. A supervised play area is available.

- Chemex 94 is being grouped into two distinct entities. One exhibition hall will major on OTC medicines, vitamins and supplements, and pharmacy computer systems. The other will feature Beauty 94, dedicated to perfumery, haircare, toiletry and beauty products.
- Visitors to Chemex 94 will be able to visit two associated exhibitions: 'Pulse in Practice', for GPs, practice managers and nurses; and 'Neighbourhood Retailing' for CTNs and grocers.
- All three exhibitions are organised by MGB Exhibitions, Marlowe House, 109 Station Road, Sidcup, Kent DA15 7ET (tel 081 302 8585; fax 081 302 7205).

The international show dedicated to volume buyers



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Gordon Bullous is a pharmacist's pharmacist. An independent from the North who is at once worldly-wise and pragmatic, a carer for customers and his business alike, a Christian and family man with a family business. *Chemist & Druggist* editor John Skelton talks with the new National Pharmaceutical Association chairman

The independent's man at the NPA

Gordon Bullous' pharmacy is in an urban, working class area of Gateshead, where he and his wife, Joan, who works full-time in the business, "enjoy being part of the community".

For Gordon, one of the delights of being a one-business independent is that you can give a private, personal service with your own imprint. "We give that particular type of service because we enjoy our work, as well as it being a major factor in contributing to our income," he says.

And, having worked in industry and for a major multiple, he would not swap his job as an independent community pharmacist. "It is much more satisfying than working for someone else," he explains.

No multiple choice

Mr Bullous says the present takeover of so many independents by multiples is a "sad thing", with various factors making the buying of businesses by young pharmacists "less attractive": competition from the multiples, high business prices, the uncertainties surrounding private pharmacy and the increasingly poor NHS remuneration.

The plus side is that pharmacists are still highly respected members of the community. "People ask for advice and help on all sorts of matters, mainly medicinal. Folk often prefer to talk to you, rather than to their GP," says Mr Bullous.

He reckons that his advice gets better as he gets older: "You have more experience of life and pharmacy, and so you can give better advice."

Total change

Pharmacy has changed totally since Gordon Bullous first picked up his pestle and mortar in the Darlington branch of Boots the Chemists, after qualifying from Sunderland Polytechnic in 1956.

Then he was taught to take a list of ingredients and compound them into a medicine. "Now you take compounded medicines, count and pour," he says. However, the vital roles of ensuring compliance, giving general advice on medicines, GP contact, and keeping patient records, are much welcomed.

"The NPA's 'Ask your pharmacist' campaign was the



Gordon Bullous (left) with C&D editor John Skelton, just before the NPA Board meeting on July 26

Gordon Bullous — a life in pharmacy

1931 Born in Sheffield; grew up there and went to Nether Edge Grammar School

1950 Two-year apprenticeship with Boots the Chemists in Sheffield

1952 National Service with the RAF as a nurse

1954 Sunderland Polytechnic; qualified as Pharmaceutical Chemist

1956 Registered as a pharmacist; went to work at Boots, Darlington

1958 Moved into research and development with Boots at Beeston

1964 Joined Winthrop Laboratories, Newcastle-upon-Tyne, as pharmaceutical development manager

1970 Bought pharmacy in Felling, Gateshead

1979 Felling pharmacy closed down after GPs moved to healthcentre

1974 Bought pharmacy in Gateshead from retiring pharmacist friend

best thing that ever happened to communicate this fundamental change to the public," says this year's chairman of the Association.

An NPA Board member for eight and a half years, he stood for election because he was asked to by members in the North East, according to NPA chief executive Tim Astill.

One of the delights of Board membership for Gordon is that: "We rarely get any complaints from the membership. We have satisfied members and give good value for money."

One NPA services gap that the new chairman has

identified — as an independent/ Board member with a greater need for locums — is the lack of a proprietor's business guide for locums. Shortly to be produced by NPA Business Services, a new guide will enable a proprietor to list policies and guide locums around the shelves and operation of a particular business.

The Business Services Committee is one of the most important at the NPA, says the chairman. Potential new ideas are exchanged and possibly trialled by the Committee members, although Mr Bullous

says there are not many service improvements left undone. "However, if it's possible and needed we will do it," he says.

The NPA's role in supplying five Board members to serve on the Pharmaceutical Services Negotiating Committee is vital in representing the needs of independent pharmacists in negotiations on NHS pay. "I should say 'discussions' because we cannot negotiate these days, with pay impositions in two out of the last three years," he says.

The NPA's PSNC members act and vote as individuals. "But we try and let them know the opinion of the Board on important matters. We never ask how they vote," he explains.

The chairman says the Board always gets a report on PSNC proceedings, usually from NPA Board member and PSNC chairman David Sharpe, often supplemented by a verbal offering.

NPA representation on the PSNC is very important, Mr Bullous says. "The multiples are represented as a group, so are the Co-ops. Our members'

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interests are represented by elected Board members who, in turn, are elected by the Board to the PSNC.

"The Government is cutting all the fat off the NHS pharmacy contract; it is now cutting into the flesh, and it's hurting!"

For some who dispense few scripts, getting paid less for doing so, or losing their NHS contract, will not matter too much because the business does not depend on NHS work. But for some the top-end cut-off point is vital.

"To use financial attrition as a means of closing pharmacies down is very cruel," Mr Bullous says. "Many are locked into expensive leases."

And he should know. When that cash penalty cut-off was first set at 2,000 scripts a month, his Gateshead pharmacy's 1,950 average did not look too healthy!

"Those pharmacists locked-in to such businesses will struggle, as there is no compensation for closure," he comments. The cut-off point reflects only the number of scripts dispensed, not the quality of work done.

Mr Bullous had an opportunity to privately ask a high-ranking civil servant about his worth as a pharmacist, given that Melvyn Jeremiah had said in an offer letter to David Sharpe that smaller pharmacies "... make no visible contribution to the NHS".

The response showed that Gordon's reputation had gone before him and percolated to the deep South: "It might be true of some, but you are making a very great contribution to the well-being of the people of Gateshead."

"Quite illuminating," says Mr Bullous, no doubt believing that his accolade applies to the bulk of his independent colleagues.

ward

Chairman is also bitter at the failure of the Government to reward independent pharmacists in respect of the savings to the NHS that result from increased activity as scripts dispensed fall. "We are not rewarded retrospectively because we are not in a position to withhold our labour like the railwaymen. The Government can walk all over us," he says.

This lack of political clout clearly rankles: "Pharmacy and pharmacists are taken advantage of by the Government, which dare not upset GPs. While GPs, especially those dispensing, can get away with wasteful ways."

Mr Bullous says the Government simply takes advantage of the no-strike option that comes with a caring, but divided, profession — the split into independents and multiples.

And, while the NPA's advertisements continue to give pharmacy a better profile, Mr Bullous clearly regrets Boots' lack of financial support, and the fact that the campaign

Gordon Bullous — family businessman

Gordon Bullous married Joan in 1956. She has worked in the business full-time since 1970, and is responsible for buying, merchandising and staff matters.

There are five part-time staff at present helping the Bullous family run its Gateshead pharmacy. One-third counter, two-thirds NHS, the business is known locally for personal service.

There are three Bullous children; a son, Ian, who helped in the pharmacy from the age of 11, and who now has his own premises in Felling; and two daughters, a nursery nurse, Susan, and Alison, who is doing an MSc in tropical agriculture and animal production after graduating in agricultural zoology.

Both Mr and Mrs Bullous are staunch Methodists. Joan has been a lay preacher on the 'circuit' for 40 years, and takes six services a quarter. For Gordon, pharmacy comes second to Christianity. "Methodism is the 'number one' thing in my life." He hopes to continue lay preacher training after chairing NPA

cannot link directly through shop signage, for example, with independent independents.

Boots now spend that money to advertise their own services to the public, Mr Bullous says, with Lloyds Chemists also benefiting from the NPA campaign without contributing cash.

Society view

Mr Bullous recognises the Royal Pharmaceutical Society's contribution in enhancing the pharmacist's professional role, mentioning the new training requirements and service protocols for pharmacy assistants. "They are not a threat and are very helpful."

Mr Bullous' staff, for example, have been with him for years and all have been well trained by him. "At first sight, I was tempted to say there was no need for further formal training. However, from what I've seen, all the proposals are very useful. I support them and believe that, with a little help from the NPA, independents can cope with training and

protocols."

A very good thing is Mr Bullous' verdict on the influx of new POM to P medicines, although he admits they have not taken off as expected.

He says they require a lot more selling and care — more of the pharmacist's time.

Mr Bullous says manufacturers must talk to pharmacists. "It's very useful," he says, mentioning the work of the NPA's manufacturer liaison subcommittee as being of increasing importance. "We sort out whether we can help the manufacturer or whether they can help us."

New roles

New roles, too, can be seen as both opportunity and threat. "If pharmacists don't keep up to date and involved with new roles and professional developments, they will get left behind and their business will suffer. It must not be a case of 'old dogs failing to learn new tricks'," he says. His message to pharmacists is: "Get stuck in!"

The switch of elements of pay

for NHS work from national to local level makes such positive thinking essential — new roles and opportunities are only a threat to those who don't get involved, he says.

Talk of "getting stuck in" brought up the vexed subject of Ashwin Tanna's referendum of members to see whether they wanted Board personnel representing their interests to work at least 16 hours a week in community pharmacy.

Mr Bullous thought the motion "ill-conceived", as the Board represented all areas of pharmacy.

"As a small businessman, I'm aware of all the problems of running a small business, but I don't have time to get involved with the PSNC as well. If I did, it would destroy my business. This is not the case for Board members who run bigger businesses or who have more time," he says.

"If Mr Tanna's motion had gone through we would have lost the experience of some valuable Board members and would have gained nothing in return."

"If it's not broken don't tamper with it," he says. His bottom line is that the NPA gets very few complaints about its operation and services.

Mr Bullous' personal bottom line is his Christianity. His faith enables him to bring a special caring to his customers. "It can be all greed and grab in business. I've tried to put a little humanity into community pharmacy and into my NPA Board work," he says.

Mr Bullous quickly weighs in to emphasise that this comment does not mean that the Board is in any way uncaring. Members can stump up their value-for-



NPA chairman Gordon Bullous, with Board members at their July meeting

Pharmacy update

Aches and sprains

Coping with a common pharmacy ailment **i**

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Aches and sprains

The community pharmacy is often the first port of call for injured athletes and slippery ice victims, eager to cure their pain. Faced with a plethora of different aches and sprains, Janie Sheridan, Boots' lecturer in pharmacy practice at the School of Pharmacy, University of London, helps pharmacists differentiate between a simple ache and more serious ailments while detailing the variety of treatments available over the pharmacy counter, from conventional oral and topical therapies to alternative remedies

Picture courtesy: PR Sprays



Community pharmacists are often asked to recommend treatment for aches and pains relating to muscles and joints. These queries are common in winter as the cold, damp weather may cause joints to become stiff and painful; and also in spring, when the keep fit enthusiasts come out of hibernation, bruises and sprains abound.

Patients should be questioned about the duration of symptoms, lack of mobility due to the pain, the nature and severity of the pain and whether or not this has happened previously.

A joint is any junction of two or more bones or other skeletal parts. Movable joints are known as synovial joints. Other joints may be cartilaginous or fibrous. Joint and muscle pain is usually due to over-exertion, trauma, change in climate or just wear and tear. Rarely, it may be due to more serious underlying illness such as rheumatoid arthritis. Sprains and bruises are the most common types of sports injuries presented to the pharmacist.

Butterworth's Medical Dictionary defines a sprain as "injury by sudden traction to the muscles, ligaments or articular capsule of a limb, not sufficiently severe to produce rupture of these structures". Bruises are defined as "an accumulation of blood in the connective tissues in the vicinity of an injury, usually visible as a discoloration or swelling under the skin".

Bruising which appears two or three days after injury may indicate the presence of a fracture. Bruising with no discernible cause may indicate poor clotting time, and should be referred. Patients taking warfarin who bruise easily, with no obvious cause, should also be referred as their dosage may be too high. In any case, bruising of unknown origin should always be referred.

Joint pains

Damage to joints due to stretching and/or muscle damage through trauma, should be treated immediately with a cold compress or freezing spray, which will help to reduce swelling as well as ease the pain. After this, the joint should be rested and possibly supported by

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a crepe bandage, an elastic tubular bandage or sling, where appropriate. Counter irritants or topical non-steroidal anti-inflammatory agents (NSAIDS) may be applied to the area the next day, provided the skin is not broken, and these should be massaged in two or three times a day.

Some specialists recommend the application of heat to an injury in the form of infra red lamps, although this is often not convenient and should not be used in conjunction with counter irritants.

If joint pain is accompanied by swelling, stiffness and/or bruising, there is a possibility of more severe damage, especially if the bruising appears several days after the injury. When ligaments tear as a result of injury, they may cause hairline fractures to appear in the bones to which they are attached. Joints are also subject to considerable wear and stiffness may be due to this.

Muscle pain

Muscle pain may be due to over-exertion where the muscle is stretched beyond its usual limits. This causes damage to the tissues and thus stimulates pain receptors. Pain receptors in skeletal muscle may also be stimulated by dampness, cold and rapid changes in climate, which is why patients often complain of aches and stiffness under these conditions. Poor posture and sleeping positions may also give rise to muscle pain.

Treatment includes rest with the concurrent use of counter irritants, topical NSAIDS and oral analgesics. Correction of posture and the use of relaxation techniques may be recommended. If pain is persistent and/or very severe and/or accompanied by swelling or bruising, the patient should be referred.

Backache

Lower back pain of unknown origin is very common and may be due to years of poor posture, poor lifting technique or incorrect bending. The incidence of pain is often associated with certain types of employment such as nursing. Pregnancy and obesity may exacerbate strain on the vertebrae, and discs may become more compressed or worn out causing pain.

Patients may find it difficult to describe the pain, but will often use terms such as "dull ache" or "soreness". The pain is usually worsened by bending or stretching and by long periods of standing or inactivity. The application of direct heat, counter irritants and topical NSAIDS may be useful, as will oral analgesics. Better posture and relaxation may also help. Lower back pain tends to be persistent, and the pain dull rather than acute. Severe pain of unknown cause, and of sudden onset should always be referred, as should severe pain in any other part of the back.

Backache is also a common

symptom of infectious diseases such as influenza, chickenpox and malaria. In fact anything which gives rise to a fever may also induce backache. It is therefore important to question the patient about the existence of fever and other symptoms.

Treatment

The treatment of joint and muscle pain consists of resting and supporting the affected area, attempting to remove any known cause, the immediate use of cold compresses for traumas, the application of heat and the use of various OTC medications. These are basically classified into three categories: counter irritants (rubefacients), topical NSAIDS, oral analgesics.

• Counter irritants (or topical analgesics)

These are available in a variety of formulations with a variety of ingredients. When applied to the skin they produce local inflammatory responses such as erythema, swelling, irritation and a sensation of heat.

Stimuli from skeletal muscles travel down the same pathway to the spinal cord as those from the skin. It is thought that the increase in stimuli due to the application of counter irritants send antidromic impulses to the spinal cord which block or override the pain stimuli from the muscles, and hence the perception of pain is reduced. Although it has not been proven that the stimulation of heat at the site of action improves healing time, the heat does have a soothing effect.

Counter irritants may be divided into four categories:

- Those which produce erythema and irritation. These are the most potent and include methyl salicylate and allyl isothiocyanate
- Those which produce a

cooling sensation, eg camphor, menthol, CFC sprays

- Those which cause vasodilation, eg histamine dihydrochloride, methyl nicotinate
- Those which cause irritation without dilation, eg capsicum.

Heparinoid is useful in the treatment of soft tissue trauma because it has the effect of counteracting the inflammation of trauma by inhibiting proteolysis and the spreading of hyaluronidase (an enzyme which breaks down hyaluronic acid, present in joint synovial fluid).

Patients using these products should be given the following information: do not apply to broken skin, to mucous membranes or near the eyes; do not apply more than three to four times a day; if using in conjunction with a bandage, do not strap up too tightly as blistering can occur; do not apply direct heat at the same time as using the product; and if irritation occurs at the site of application, cease treatment.

• Topical NSAIDS

At present, the only products licensed for OTC sales are ketoprofen (Oruvail), ibuprofen (eg Ibugel, Ibuleve, Proflex) and benzydamine (Difflam). Other topical NSAIDS have been proposed for POM to P switch by the Medicines Control Agency: felbinac (Traxam), diclofenac (Voltarol Emulgel) and piroxicam (Feldene).

Those products which are licensed for OTC sale may be recommended for pain and inflammation associated with backache, sprains and strains, sports injuries and other muscular and rheumatic pain. They should be spread thinly and gently massaged into the affected area, up to three times a day.

Patients using these products

should be given the following information:

- They should not be used by patients who suffer from bronchial asthma or who have hypersensitivity reactions to NSAIDS
- They should not be used on children under the age of 12 years
- They should not be applied to broken, mucous membranes or infected skin or to eczematous lesions
- They should not be used in pregnancy
- They should not be used under occlusive dressings.

Drug interactions are unlikely to occur as plasma levels of the drugs are very low but they may cause skin reactions such as erythema and itching.

• Oral analgesics

These may be used in conjunction with the above products. The most suitable are those which also have an anti-inflammatory action, but must be used with the usual precautions.

Patients should be advised that all these treatments may alleviate the pain. However, the treatment is symptomatic and normal activity should not be resumed until the pain is absent without treatment. Rest is essential.

Alternative option

Several other types of therapies may be used to treat those conditions including:

homoeopathy, osteopathy, chiropractic, acupuncture, reflexology and aromatherapy. Massage and other manipulation should only be undertaken by qualified persons.

For home use, there are several 'ultrasonic' massage machines available which may be recommended for the relief of muscular pain. Many of these also contain instructions on the use of the product for reflexology.

Homoeopathic remedies for sprains and aches are available in topical and oral formulations. Choice of remedy will depend on the type of injury and the response of the patient to the problem.

Arnica is used for trauma and helps to avoid shock. It prevents extravasation of blood into the tissues and so is very useful for treating bruises. It may be applied topically, but never to broken skin. It is also available orally.

The following homoeopathic remedies are administered orally:

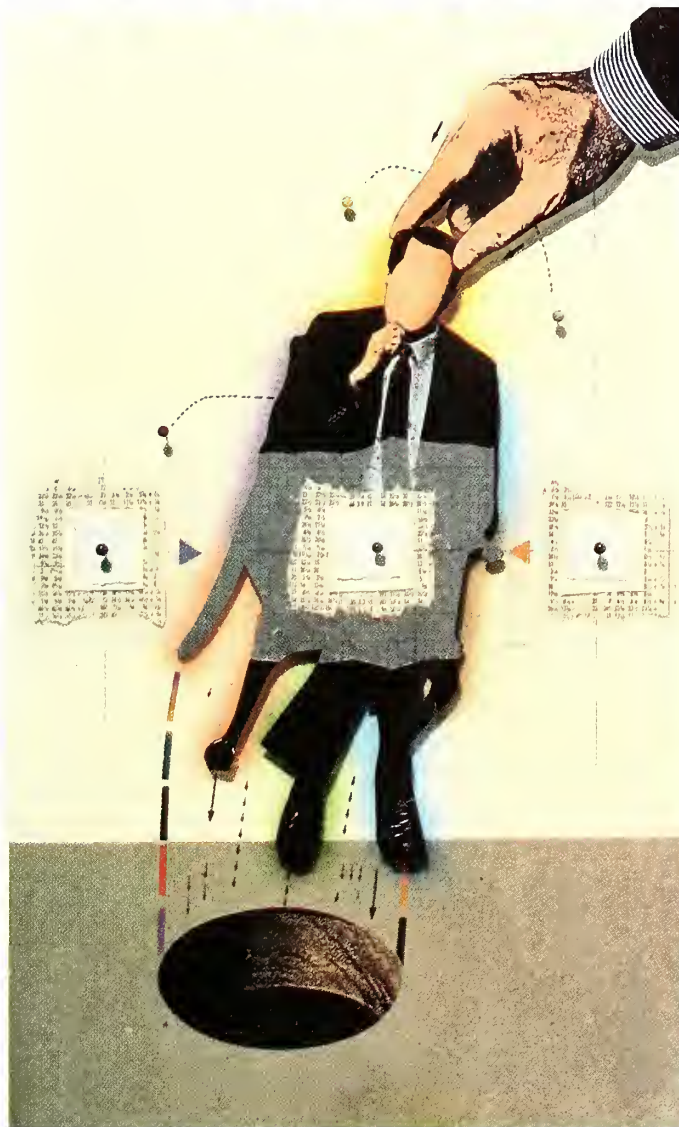
- Ruta granuleos is used for sprains and periosteal damage. The type of injury will be characterised by lameness, or where the limb just gives way. Cold damp weather makes the condition worse
- Rhus tox is used for stiffness in the limbs where the joints may be hot, painful and swollen. The condition is relieved by movement, and is also worse in damp cold weather. Rhus tox and Ruta may be used together
- Bellis perennis is used for muscular soreness

All the above remedies may be recommended as a 30 potency.

Patient presents with pain

Site of pain	May be due to:	When to refer
Neck	Poor posture, over-exertion, glandular, injury	If symptoms persist 2-3 days after treatment commences. Sudden onset with no apparent cause. If accompanied by sore throat and/or headache. If unable to move. If pain radiated down left arm
Shoulder	Poor posture, over-exertion, injury	Persistent and/or if very severe. If pain radiates down left arm. If unable to move. If symptoms persist 2-3 days after treatment commences
Elbow or wrist	Wear and tear, over-exertion, glandular, injury	Persistent pain. Swelling. Immobile. If bruising appears 2-3 days after injury
Knee	Wear and tear, over-exertion, glandular, injury	Persistent pain. Cannot support weight. Swelling. If bruising appears 2-3 days after injury
Ankle	Wear and tear, over-exertion, glandular, injury	Persistent pain. Cannot support weight. Swelling. If bruising appears 2-3 days after injury
Back	Poor posture, over-exertion, injury, wear and tear, certain infections (eg kidney infection, influenza)	Immobile. Cannot support weight. Fever. If bruising appears 2-3 days after injury. If symptoms persist 2-3 days after treatment commences

What is audit?



Audit is the big buzzword floating around pharmacy circles, but what does it actually mean? More importantly, how can pharmacists make it work for them? David Pruce, audit development fellow for England, begins a series on audit by defining the basics

established part of routine activity. They must therefore become familiar with the principles and practice of audit.

- **Variations in practice** Audit encourages discussion of local delivery of healthcare. Previously unknown variations in practice may be identified. A peer group audit may provide an ideal forum to discuss such practice variations in a non-confrontational and constructive manner.
- **Economic factors** Effective use of resources can save time and money and result in better patient care. Audit can highlight those areas that allow

cost to be minimised without reducing patient care.

- **Accountability** The Government views audit as a process of making professionals accountable at all levels and ensuring that the services they provide give the best value for money. It is equally important to demonstrate the quality and effectiveness of professional services to customers and purchasers.

A profession bold enough to monitor its own performance will gain the confidence of its customers. Professional colleagues and the public will become aware of the value of

the community pharmacist in the healthcare team.

The benefits

A willingness to become involved in audit is influenced by the benefits (if any) that pharmacists think it can bring. Reassurance on how the results of audit may be used is also needed.

Before starting an audit it is worth listing the desired benefits. This will reinforce the reasons for investing in a particular audit and help when finally evaluating how worthwhile it was.

- **Improved effectiveness** — Audit should lead to improvements in quality of patient care, and service delivery. Audit directs you to ways of improving your effectiveness as a practitioner by evaluating your impact in those aspects of your service.

Improved care through audit may increase or decrease costs depending on the topic chosen and the changes introduced. For example, some GP audits of asthma care have resulted in increased prescribing costs as the importance of regular corticosteroid inhaler use is emphasised. In such cases audit can help justify increased spending.

By improving standards of practice, organisational and professional errors will also be minimised.

- **Reduces frustration** — Audit can be concerned with the problems that occur in everyday practice, such as running out of stock of commonly used items, patients coming to collect prescriptions before they are ready. Audit can provide practical solutions by encouraging you to define the problem, quantify its extent, analyse it for common characteristics and identify ways of improving the situation. Any changes introduced can be assessed for effectiveness by repeating the audit.

- **Educational value** — Audit is an excellent educational tool. It furthers professional development by identifying where new skills and knowledge may help performance. During a prescribing audit, gathering information to help define good practice acts as a powerful incentive to update your knowledge in that field.
- **Improves efficiency** — Audit has an important function in practice management by ensuring that tasks are done in the best way by the person most suited to the job. Costs will be minimised without diminishing patient care by ensuring that resources are used to the best effect. Measurable improvements

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A simple definition of audit is that it involves improving the care of patients by looking at what you are doing, learning from it and changing if necessary.

This is something that most professionals do as a part of their everyday practice. We all try to learn from what we do and make changes if they are necessary. However, we frequently base our decisions on a subjective feel for the quality of our work.

Audit adds to this subjective view of our work by providing us with objective information on which to base our decisions. It is not a revolutionary new idea, but has some elements that may be new to some community pharmacists.

Audit involves deciding the level of service we wish to provide and measuring how our actual practice compares with this. This may result in us making changes to improve our performance. It is the measurement of the quality of our practice that may be new to some individuals.

It should be seen as a part of a pharmacist's quality assurance mechanism. Quality assurance is essential to any business as it ensures that the best possible service is delivered to the patient/customer while minimising the risk of errors.

Why audit?

Community pharmacists are aware of the pressure to participate in audit from many groups including the profession, the Government and the patient. They may ask:

- Why should we do audit?
- What are the benefits?
- Is it just another administrative task?

However, the best reason is recognition of the need for audit. The purpose of audit and the direction it should take will then become clear.

- **Professional reasons** Essentially, it is necessary for a profession to demonstrate that it effectively monitors the quality of work of its members in order to safeguard the public and to ensure confidence in the profession.

Professional audit has been recognised by the Royal Pharmaceutical Society of Great Britain (RPSGB) as being an important and efficient means of quality assurance and has recently been included in the RPSGB's definition of Continuing Professional Development.

- **Parity with other healthcare professionals** Increasingly audit is becoming multidisciplinary in nature. Community pharmacists, as part of the healthcare team, will wish to participate on equal terms with other professionals for whom audit is an

FROM LYNX, THE THE **NEW** SYSTEM



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Lynx is the runaway No.1 brand in male toiletries, with a history of success after success.

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LYNX

Shaving Performance Plus Skincare

ELIDA GIBBS
LEADERS IN PERSONAL CARE

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could include fewer postponed prescription payments, less expired stock.

When increased resources are required, audit can strengthen the basis of negotiation by providing data to justify change.

- **Prompts change** — Changes in professional practice can be difficult and controversial. The availability of audit data giving a clear picture of the current situation will allow for discussion based on fact and not impression.

- **Improves morale** — Involving all pharmacy staff in audit will encourage a sense of commitment to the business of pharmacy. The communication and co-operation needed to ensure effective audit can have spin-offs such as a better team spirit and increased job satisfaction.

What do I do?

It is obviously important that the right topic is chosen to perform an audit on. The topic chosen should reflect the individual pharmacist's needs, but should be important to his or her professional work.

Audit is often described in terms of the audit cycle. This is a seven-step process that is applied to a particular area of practice.

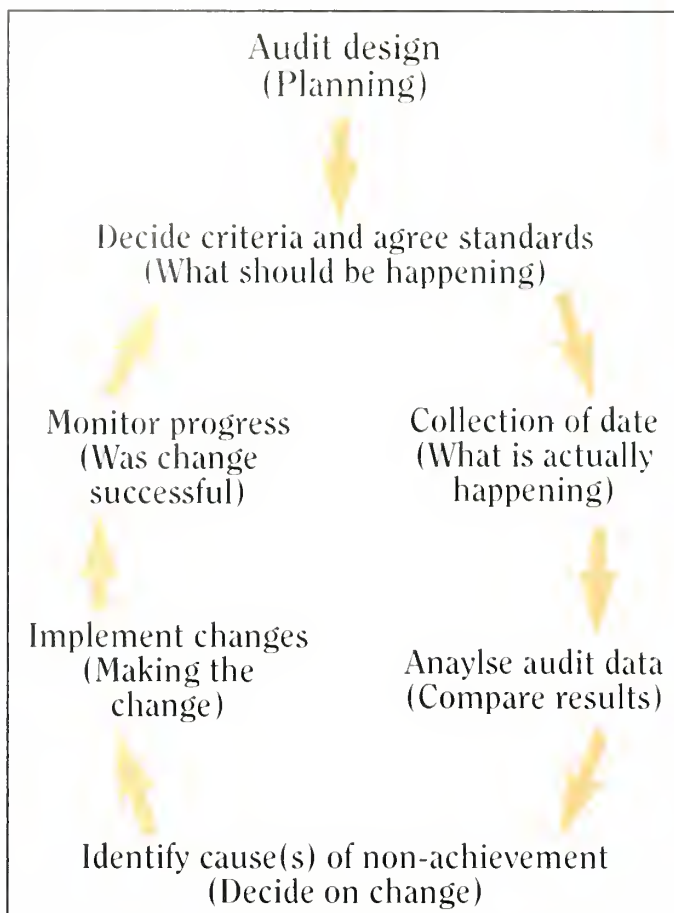
- **Step 1 — Planning the audit**
Before starting an audit it is worth planning how the audit will be carried out. The following questions will help in the planning of your audit:
What area of practice is being audited?
How will you collect the information you need?
Who will be involved?
Where will the audit be done?
When and for how long will the audit be conducted?
Why have we chosen to do this audit?

Remember to keep it as simple as possible because you do not want to overcomplicate the audit. If you think that you will end up collecting too much information, try to narrow the focus. This may be by choosing to look at your counselling of patients receiving inhalers rather than looking at all your patient counselling.

- **Step 2 — What should be happening**

This is about defining what you wish to achieve in this area of your professional work. This can be done in two stages. First a

Audit cycle



criteria is decided upon: a simple statement about the delivery of service or patient care. It focuses on the aspects that can be measured to assess the quality of care, eg, patients receiving antibiotics should be counselled about completing the course. The second stage is to decide the proportion of times that you feel that you can meet the criteria, eg, 90 per cent of patients receiving antibiotics will be counselled to complete the course.

The standard you choose should reflect your realistic goals and not just the minimum standard set by the Royal Pharmaceutical Society. Different pharmacies may have different standards for each aspect of care, depending on the workload of staffing levels in that pharmacy.

- **Step 3 — What is actually happening**

In order to measure our actual

performance against our standard it will be necessary to collect information about that activity. It is important to keep this stage as simple as possible. In the case of the example of antibiotic counselling, it will be easy to devise a simple tick chart. Each time a patient is counselled to complete the course, a tally count is made. At the end of the day, you will have a simple measure of how many patients were counselled. The total number of antibiotic prescriptions can be obtained from the pile of prescriptions or from your computer.

- **Step 4 — Compare results**
Most audits will need at least a month's information to ensure that enough data is available. When evaluating our performance it is first important to question whether the information we collected is accurate and complete. Did we and our staff remember to collect the information even when we were really busy?

It is also worth considering whether anything exceptional happened during the audit that might affect our results, such as a lot of staff sickness.

If we are satisfied about its accuracy and that it is a fair representation of our normal practice, we will have an objective measure of the quality of our work in this particular area of practice.

- **Step 5 — Decide on change**
At this stage we need to consider whether we have met our standard. If we have not, we should have enough information to make a decision about

PATIENT BENEFITS

Improves understanding of pharmacy services
Increases satisfaction with services
Promotes a better understanding of treatment
Improves quality of life

what changes we can make to improve. Even if we have met our standard, the results of our audit may show a way of making further improvements.

- **Step 6 — Make the change**
Any change in working practices is likely to be resisted by staff if they do not understand why we want to change. It is therefore helpful to involve them in the decision to implement change. Their ideas about how to make the changes work can be important. It will also improve team morale if they feel involved in the change.

Once the decision has been made, it is important that we remember to inform all our staff. This can be difficult if we have several part-time staff or locums.

- **Step 7 — Has the change been successful?**

This takes us back to the beginning. We need to check whether our changes have been successful by re-measuring our performance after making the change. Sometimes change does not work and we may need to try something else. However, we may see a way to make it even better.

No confusion

It is important not to confuse professional audit with any FHS/Health Board service monitoring carried out as part of the NHS contract.

Audit is a technique used by a pharmacist to measure and improve his/her own standards of professional work. It is carried out by either an individual pharmacist or in co-operation with a group of colleagues. The aim of carrying out the audit is to develop the service and as a result, the business.

FHS/Health Board monitoring may be conducted to ascertain whether the NHS contract is being fulfilled. This could include seeking evidence of participation in professional audit, but the results remain the property of the pharmacist(s) carrying out the audit. The pharmacist is under no obligation to share these results with anyone, although he or she may consider it useful to do so, especially if the audit has been successful.

Summary

The benefits of audit are many. Practitioners who see audit as a process that is likely to help them because of its relevance to their work are likely to invest the time, thought and effort necessary to ensure effective audit.

For Scotland, Catherine Kelly BSc.MSc.MRPharmS and Janice Mason-Duff BSc.MRPharmS are the national Pharmaceutical Audit Facilitators.

Audit versus inspection

Inspection

Outside body checks your practice against a minimum standard
Standard is set by an outside body
Sanctions can be taken against you for failing to meet minimum standard
Rewards can be given to those passing standards

The results of the inspection are the property of the inspector

Audit

You measure your own performance

You set the standard you want to aim for
No sanctions can be taken against you if you do not meet your standard
You gain your own rewards from working towards your own standards
The results of the audit belong to you

Informing the patient

Leaflets are now compulsory for all products receiving a licence after January this year, and for those products whose licences are renewed after this date. The exceptions are those where information can still be included on the label.

The Medicines Act Leaflet Amendment Regulations of 1992¹ state the information which is required on information leaflets, and lay down the order in which this must appear.

These regulations emanate from an EC Directive 92/27² which is concerned with patient information. The philosophy behind the Directive is that users should have more information about the products they take and it should be presented in a simple and comprehensible manner.

Pharmacist liability

An amendment to the Medicines Act³ makes it obligatory to supply a leaflet enclosed in, or supplied with, the package of a medicinal product for products whose licence is granted or renewed after January this year (unless the pack is exempt as previously explained).

Pharmacists must therefore ensure that, in the course of supplying (including dispensing) such a product, they include any leaflet supplied with it — as it is unlikely that all the required information may be included on the label.

Failure to supply such a leaflet would be a criminal offence under the Medicines Act. Even the exemption from full labelling requirements on packages of medicines that are dispensed medicinal products, contained in Section 18(2)IV of the Labelling Regulations 1976⁴, does not apply to products whose licences are granted or renewed after January, 1994.

If a pharmacist abstracts a leaflet from the pack as supplied by the manufacturer he may be attracting liability in withholding information from the patient and making a product 'defective' within the terms of the Consumer Protection Act⁵, should the product be proven to have caused harm to a patient. Such liability would be civil and brought by a third party seeking damages.

Devising leaflets

The Directive and Leaflet Amendment Regulations require the leaflet to be drawn up in accordance with the summary of product characteristics. The Directive requires the list of items to be drawn up in a specified order.

• Identification

1. Name (and common name if there is only one active ingredient). If there are several pharmaceutical forms or strengths, then these must be added immediately after the name of the product.

2. Quantitative active ingredient plus full qualitative excipient declaration.

3. Pharmaceutical form and the



Improved patient education is something the Government is striving for. Encouraging them to make more informed choices about their health and medication has seen the rise of the patient information leaflet. Alan Hunter LLB BPharm, regulatory controller at The Wellcome Foundation Ltd and member of the Proprietary Association of Great Britain executive committee, outlines recent changes in legislation and the implications for pharmacists

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contents by weight, by volume or number of doses.

4. Pharmacotherapeutic group or type of activity in easily comprehensible terminology. (It is difficult to grapple with some medical terms, eg dopaminergic receptor stimulant).

5. Name and address of the product licence holder and of the manufacturer.

• Therapeutic indications

Therapeutic indications must be specified. Although there is a facility for exemptions to this in the Directive (in circumstances where including such information might have serious disadvantages for the patient) this has not been implemented in the UK.

One can also see problems in translating therapeutic indications into easily understandable terminology, eg chronic idiopathic urticaria or benign prostatic hyperplasia. How is this information to be simply conveyed to the user?

• Information necessary before taking the product

This must include: contra-indications; precautions for use; special warnings; and forms of interaction with other drugs or other stimulants (eg alcohol, tobacco, foodstuffs) which may affect the action of the product.

This list must also take into account:

- (i) Special users, eg children, elderly, pregnant or breast feeding women
- (ii) Effects on ability to drive vehicles, or to operate machinery
- (iii) Details of excipients, if necessary, as it may be that this has a bearing on the safe and effective use of the medicinal product.

• Instructions for use

In addition to dosage and method of administration we now also require a statement on frequency of administration, and depending on the nature of the products, any of the following if appropriate:

- (i) duration of treatment, if to be limited
- (ii) action to be taken in overdose, eg symptoms, emergency procedures
- (iii) course to be taken if dose omitted
- (iv) if necessary, risk of withdrawal effects.

• Undesirable effects

A description of the undesirable effects which can occur and if necessary the action to be taken, together with an express invitation to the patient to tell his doctor or pharmacist about any such effect not mentioned in the leaflet. (This may lead to increased reporting of side-effects to pharmacists).

This information should be kept simple and pragmatic. A product licence holder may mention side-effects a patient should be able to recognise and how commonly they are seen and whether it is necessary for a patient to stop treatment and go to their doctor.

• Reference to expiry date

There must be a reference to the expiry date plus warning "don't use after this date" and

where appropriate special storage precautions must be included. If necessary, warnings should refer to certain visible signs of deterioration. The date on which the leaflet was last revised must be included.

Extra information

In addition to these specific requirements there are more general requirements. All information must be legible and in simple language, and be in the language(s) of the member state in which the product is sold. This does not preclude the package leaflet being provided in other languages provided that the same information is given in all the languages used.

The MCA has published its own guidelines on compliance with the label and leaflet regulations. These indicate that companies have to implement new labels/leaflets within three to six months of licence approval. However, there is no requirement to recall ex-factory

particular, the guidelines are formatted to produce a leaflet that is longer than necessary and therefore the likelihood of the leaflet being read and the patient informed is reduced.

The comprehensive listing of side-effects is of major concern to the industry. Patients will, we believe, suffer from information overload and have difficulty in understanding the ramifications of the technical information.

Despite the fact that they are discouraged in the MCA guidelines, we believe there is still a place for 'roll-up warnings' which are more easily understood by the public. It is felt that where interactions with named drugs occur, then a simple general statement about the interaction with other prescription or OTC medicines should suffice. Otherwise one can envisage a situation that when a new drug from a given category enters the market, one would have to update the product leaflet to warn the

whether sources other than the product licence holder will have access to the relevant licence application or summary of product characteristics to ensure that all the relevant information is included in the leaflet. At least the pharmacist has the security of knowing that the leaflet from the product licence holder has been checked by the relevant Regulatory Authorities.

Is there a leaflet?

The \$64,000 question? How does a pharmacist know if the product licence has been issued or renewed after January 1, 1994?

A leaflet should be provided by the manufacturer for such products and it will contain full excipient declaration, be quite detailed, include a reference to refer side-effects not mentioned in the leaflet to the doctor or pharmacist, contain the date of revision of the leaflet and specific direction to the patient — not to use the product after the given expiry date.

The label of the product will also contain a declaration of excipients having a recognised action or effect (if there are any). Pharmacists in dispensing such a product should therefore provide a leaflet complying with the Leaflet Regulations. If dispensing from bulk a leaflet should be given with each supply. When original pack dispensing has been implemented for all products, leaflets will be included with all packs and the pharmacist should not have a problem with dispensing such products as the leaflet will already be included in the pack.

In summary, therefore, I would think most community pharmacists would be well advised to ensure that they provide leaflets supplied by the manufacturer for all the medicines that they sell or dispense which are licensed or renewed after January 1, 1994. Otherwise they may find themselves in breach of the Medicines Act, Medicines Leaflet Amendment Regulations and may also be liable in civil law tort, if damage is caused by a 'defective' product, ie one that has inadequate information provided with it.

References

1. The Medicines (leaflets) Amendments Regulations 1992 SI 3274.
2. Council Directive 92/27 EEC on labelling of medicinal products for human use and on package leaflets.
3. Medicines Act 1968.
4. The Medicines (Labelling) Regulations 1976 SI 1726 (as amended).
5. Consumer Protection Act 1987.

The ABPI has produced a *Patient Information Compendium* of patient leaflets.



Picture courtesy of the ABPI

stock, except in circumstances where a safety issue is involved.

These guidelines also make it clear that all contra-indications, precautions, warnings and side-effects in the licence should be mentioned in the leaflet in a form that is understandable by the patient. This may not follow if the product has POM and P indications on the same licence.

The MCA guidelines also give specific advice on the promotional aspects of leaflets, advertising patient support groups, telephone helplines, patient booklets and medicines administered by health professionals.

Going too far

While the industry is appreciative of the MCA drafting these guidelines, unfortunately they appear to go further than either the Directive or the UK Regulations require. They are certainly not in keeping with the spirit of the Directive in providing simple information to the patient in a comprehensible manner. In

particular, the guidelines are formatted to produce a leaflet that is longer than necessary and therefore the likelihood of the leaflet being read and the patient informed is reduced.

Consistency

Product licence holders will have to be consistent in their leaflets for both generic and proprietary products, and it is important that uniform and consistent standards are employed by all Member States throughout Europe.

Under the Consumer Protection Act a defective product may be one that does not contain information necessary to describe its correct use. One wonders therefore whether companies could be held liable if the product caused damage and was found to be defective on the grounds that it carried less information than was judged to be necessary by another manufacturer in the same member state or even a similar product in a different member state.

Pharmacists will have to be wary in using leaflets other than those produced by the manufacturer. It is not known

The Young Ones

New perfumes on the market this year are targeting younger consumers. And there's plenty to choose from. Liz Jones reports

OK, so you couldn't really market a perfume for golden oldies — *Eau AP* certainly wouldn't have women clamouring at your counter. After all, perfume is about aspirations and 'selling a dream in a bottle'. And this year there is a definite youthful feel to the market. New introductions include: Cacharel's Eden, Rochas' Tocade, Nina Ricci's Deci Dela, Clarins' Elysium, Givenchy's Fleur d'interdit, Dior's Tendre Poison and Beauty International's Monsoon — all of which tackle the younger consumer. These perfumes are muscling in on territory traditionally dominated by Cacharel's Anais Anais and Nina Ricci's L'Air du Temps.

Marketing a new scent to a younger consumer works on many different levels. Apart from attracting new custom, a more youthful brand also imbues the company and its entire portfolio with a more contemporary feel, by breathing new life into it. The introduction of Tendre Poison is a good example. It takes the heritage and success of one of the most prestigious perfumes of the Eighties and gently tweaks it to fit a whole new Nineties' audience. The same goes for Elizabeth Arden's Sunflowers which is successfully rejuvenating the brand name as well as attracting a new age group of consumers.

One of the golden rules when targeting a younger consumer is to make sure it is a youthful brand, not a youth brand, as younger consumers are notoriously fickle and what may be 'in' today, may be 'out' tomorrow.

Interestingly, Yardley (under the guise of the Bond St Perfumery) is about to tap into the youth market soon with a new scent called So...? The company believes the name Yardley has too many Lavender and Lace associations to enable

it to attract a younger breed of consumer.

Douglas Fox, the company's marketing manager fragrance, admits that the name Yardley is not "hyper-trendy", realising that the key Yardley attributes of tradition and respect are not of that much interest to younger consumers. Hence the new company division. "We're not in the business of misleading consumers," says Fox, "but we realise that Yardley does not convey the right image."

Modern smells

So...? is a contemporary, modern smell, claims Mr Fox, "designed for the wild at heart 19-25-year-old consumer". It will be supported with an advertising campaign which uses the tag line 'A fragrance with a certain attitude'.

"It's not an aggressive positioning," explains Mr Fox. "It's about independence and the freedom to be what you want to be, though there is a hint of rebellion, as in So what?"

So...? is a sweet and light fruity floral with orange flower, jasmine, patchouli and amber notes. Mr Fox is in no doubt that the fragrance isn't going after the premium market. He describes its positioning as more sophisticated than Tribe or Exclamation, but more fun than Charlie. Packaged in a bright red carton, the bottle is cubed with a black and red domed cap, which all goes to emphasise the individuality statement of the fragrance. Price points start at £4.95.

Beauty International is having a busy time of it, too. What with the September blockbuster launch of Monsoon, the company is also set to introduce Vanilla Fields, which was a huge success in the US market when it was launched there last year. (So much so that copycats are already appearing ... and this a mass market brand too).



Fragrance

Givenchy is being brave with its Fleur d'interdit which is targeting a very young consumer: 14-16-year-olds. It is the first time Givenchy has aimed a new fragrance launch at a definite age group. "All of our previous fragrances have been life style based," explains Emanuel Maze-Sencier, marketing manager. "We looked at the market opportunity to target this younger age group and saw that we were losing out on a slice of a cake," he says. After two and a half years of research, the company decided it was a worthwhile proposition.

"In France younger consumers are attracted to successful mass brands such as Naf Naf and Kookai, and dragging consumers away from fine fragrance which brings the danger that they will stay with mass brands," believes Mr Maze-Sencier. Indeed, in the UK many companies realise they have to do something to distract young consumers away from the lure of The Body Shop. The specific youth positioning of Fleur d'interdit is communicated, says Mr Maze-Sencier, through the whole product — smell, bottle and carton. He hopes that teens will aspire to the sophisticated, yet shy, image. When it was launched in France earlier this year, the sell-in was three times what the company expected.

Points on price

Of course price is an important consideration when younger consumers are the target because of their limited disposable income. What is evident in the marketplace is a lowering of the entry price and therefore a resurgence in that greyest of grey areas, the mid market.

It's a confusing area because it is called various different names by different companies. For example, there is volume prestige and upper mass, and one man's middle market may be another's mass. In market research statistics there is no such thing, ie Anais Anais et al are categorised as prestige brands. Indeed, because companies tend to draw their own lines when it comes to defining the mid market, there are no true figures. Mintel values the total market at £409 million with prestige coming in at £278m and mass at £131m.

Entry points of these new fragrances (at the prestige end) hover around the £17 mark, though strengths differ. Currently eaux de toilette are making strong headway because the form is suitable for the light floral scents which are very much in vogue, moving away slightly from the ozonic/watery notes of a couple of years ago.

In terms of usage, Mintel's fragrance report found that heavy users were most likely to be in the 20-24 group, due in part to their being more likely to top up their fragrance during the day and their life styles are more likely to involve socialising in the evenings when fragrance is often worn. The 20-24-year-old age group also shows a marked inclination towards buying a fragrance because somebody they know wears it, and at this age women are at their most aspirational and are quite likely to be influenced by their peers.

With a growing number of young consumers heading for The Body Shop (where White Musk is a huge seller), it's about time other brands — and retailers — had a piece of the action.



Heralded as the UK's first branded white musk fragrance, Mellow Musk is being supported with £500,000 of press advertising in the key September to December Christmas shopping period. In some women's magazines, the adverts will include scent-strips. Mellow Musk is available as eau de toilette only and in a variety of gift packs. Pictured is the set containing 30ml eau de toilette spray, 150ml shower gel and 150ml body lotion (£12.99). Beauty International. Tel: 0709 544444

Enliven Mist, aromatherapy to go.



Enliven Mist aromatherapy sprays from Essential Therapeutics of Australia have made their UK debut in time for the Christmas buying spree. The five "stress relieving" sprays — Revive, Relax, Clarity, Allure and Bliss — are based on various blends of essential oils and botanical extracts to "help smooth and hydrate the skin". They are supplied in blue glass bottles (£13.95 each), with counter top display units holding 20. Positive Roots. Tel: 081 741 0269



Hugo Boss is launching its new Elements range on September 5 and is directing the first sales push firmly at the Christmas gifts market. The company is spending £2 million on promoting the men's fragrance, undertaking extensive in-store promotions as well as TV and press advertising. The range includes eau de toilette (£25 for a 50ml natural spray), after shave (£19.50 for a 50ml lotion), after shave balm (£17 for 75ml), shower gel (£15 for 200ml) and deodorant (£13 for a 150ml spray and £12 for a 75ml stick). Eurocos UK. Tel: 081 231 8759



Yardley's English Lavender is available in Christmas gift packs. These include a tin of four 100g soaps (£7.45); 15ml cologne, 100g talc, 100g soap and flannel (£7.95); and 23ml perfume and 100g soap (£6.95). Yardley of London. Tel: 0268 522711



James Bodenham has taken the traditional yuletide colours of red and green as the theme for its Christmas room fragrance sets. The Rose Blend Room Range gift set comprises spray and a scented pot pourri mix of traditional roses in a variety of pink shades, together with a selection of more exotic petals and leaves. The 'green' Woods & Balsam set includes cassia sticks from Indonesia, hawthorn berries from Germany, curly pods from India, myrtle leaves from Iran and quaffia chips from Jamaica. Both sets retail at £12.75. James Bodenham & Company. Tel: 071 930 2885



The Summer Hill gift set of bath gel and perfumed body lotion from Crabtree & Evelyn is supplied in a distinctive floral presentation and storage case. The pack retails at £9.50. Crabtree & Evelyn. Tel: 071 603 1611



H Bronnley has redesigned the packaging for its boxed Christmas gift range. The new look features a distinctive floral pattern, different 'geometric' box shapes and co-ordinated ribbons to indicate the colour and fragrance inside. The boxed range is priced from £3.75 to £19.95. Bronnley's gift selection also includes 'Seasonal Treats for Children'; pencil tins containing soaps illustrated with pictures of animals; a teddy bear soap; and festive crackers full of miniature bath foams and hand and body moisturisers. Bronnley is additionally offering classic tin selections of almond oil fragrances, including the new Himalayan Blue Poppy and seasonal basket collections of products, ranging in price from £7.95 to £39.95. H Bronnley. Tel: 0280 702291



Described as the perfect stocking filler for children, Laughton & Sons has introduced swag bags containing a range of its Lady Jayne hair accessories. The contents include bandeaux, scrunchies, bows and slides. The larger bag contains 32 items and retails for £2.49 and the smaller includes 16 and sells for £1.99. Both are in clear plastic and include a gift tag. For adults, Lady Jayne offers a velvet dolly bag complete with scrunchie matching the print lining (£4.99) and an acetate tube presentation pack containing three scrunchies (£2.99). Laughton & Sons. Tel: 021 436 6633



Crabtree & Evelyn's Christmas Aloe Vera Presentation comprises a 125ml bath gel, 75g soap, bath seeds and silk sponge, all contained in a clear carry case. The set retails at £8.95. Crabtree & Evelyn. Tel: 071 603 1611



Tisserand has substantially extended its gift set offer this Christmas. At the top of the range from the aromatherapy specialist is the Art of Aromatherapy 'book box' (£19.95), containing bath oil, shower gel, lavender and evening primrose soap and flannel. Another innovative gift idea is the £14.99 Tool Kit, comprising a wooden 'tool box', containing flannel, nailbrush, body mop, ylang ylang and peach kernel soap and exotic bath soak. Also new are the Tisserand Shower Kit (£5.50), a shower gel, body mop and tote bag; the Facial Kit (£8.99), including facial massager, loofah, massage oil and bag; and Cellulite Kit (£11.99), containing massager, massage oil and large tote bag. The other two launches are the Footcare Bag (£12.99), containing foot massager, pumice and foot cream; and the Soap Dish, a lavender and evening primrose soap with flannel in a wooden dish. Aromatherapy Products. Tel: 0273 325666



Sara Lee is expecting great things from its Badedas luxury bath and shower products in the months up to Christmas. The company estimates that the premium end of this sector is already worth £19 million a year and growing at an annual rate of 33 per cent, and it claims to have a 31 per cent slice of the business and rising. To capitalise on market trends, it has created a new £4.99 Christmas coffret, featuring the Badedas horse chestnut logo and containing a 125ml bath gelée and full-size pack of revitalising shower gelée. The pack will be available from August and backed by a four-week TV advertising campaign for the brand in the autumn. Sara Lee Household & Personal Care. Tel: 0753 523971

Small, neat, easy-to-display boxes and low price points are among the attractions to pharmacists of Woods of Windsor's Floral Collection Christmas gift packs. The range includes a soap and face cloth set (£4.50) and packs containing bath and shower gel and hand and body lotion together with either soaps (£3.95) or bath cubes (£3.25). Fragrances available are lavender, wild rose, lily of the valley, forget-me-not, peach and Windsor blossom. Woods of Windsor. Tel: 0753 855777



The sophisticated Gardenia Collection gift set from Crabtree & Evelyn contains a 200ml body lotion, 100g milled soap, 14ml eau de parfum and 200ml bath gelée for £24.50. Crabtree & Evelyn. Tel: 071 603 1611



Elida Gibbs is supporting its men's fragrances in 1994 with a £12.5 million advertising budget, and the majority will be spent in the run up to Christmas to push the company's top-selling gift sets. This year these include the Lynx Travel Bag (£12.49), containing body spray, shower gel and after shave in both Java and Mirage fragrances. The Lynx range also includes a £8.45 gift pack with body spray, shower gel and shave cooling gel in Nevada and Tempest fragrances; and twin-product sets, comprising body spray and shave cooling gel (£6.45), after-shave and twin body spray (£5.69), and shower gel and body spray (£4.19). The Elida Gibbs Christmas offer also includes twin-pack gift sets of Brut for Men (£4.09 to £6.99) and Brut Aquatonic (£4.39 to £6.99). Additionally, the company has revamped Top Formula Denim and created two new gift sets — body spray and after shave (£6.25); and body spray and shower gel (£3.49). Elida Gibbs. Tel: 071 486 1200



There's no need for purchasers of Ultra Glow Bronzing Powder and Blusher Brushes to wrestle with wrapping paper and ribbons this Christmas. The company has created a ready-made gift pack, using a matte gold pillow-case with matching gold ties and tag, which the consumer simply slips in either their Original Loose or Original Pressed Bronzing Powder pack, plus brush. The former retails at £10.95 and the latter at £11.95 — representing a £2.95 reduction on the usual price of the products. And there is also room in the gift box for other items, such as Ultra Glow's Compliments Lipstick or Super Length Liner. Ultra Glow Cosmetics. Tel: 0206 576611



Revlon claims that Charlie was the best-selling mass fragrance of Christmas 1993 and it aims to repeat that success this year with a range of gift ideas. Among the latter is a box set of a 7ml Charlie eau de toilette spray and exclusive Charlie lipstick in raspberry. Available in both Charlie red and Charlie original livery, the set retails at £4.95 and will be on sale from September. Also for the festive season, Revlon is offering a 'kelly bag', containing a 15ml eau de toilette Charlie spray and a colour-matched ballpoint pen — for sale at £6.95. Revlon International Corporation. Tel: 071 491 5378



A&G Imports offers the pharmacy an extensive one-stop-shop of both women's and men's fine fragrances. The company maintains that in such a constantly changing market, it is in the interests of the individual outlet to stock as wide a range of products as possible, and stresses its ability to supply this "without the restraints of agency restrictions". A&G Imports. Tel: 0494 712505



The Colors Set is one of the new present launches from shaving and grooming brush specialist Kent. Aimed at the younger market, the gift pack of brush and comb, towel, shampoo and teddy bear comes in three colourways and is priced at £9.95. Kent has used the same style of wood and wicker baskets to create a range of other gift packs, including Paddle Brush, General Grooming and Men's Shaving Sets and The Bath Collection, with prices ranging from £9.95 to £16.95. GB Kent & Sons. 0442 232623

The President of the Pharmaceutical Group of the European Union, Mr Silveira (Portugal), presented his report, concentrating mainly on the development of the European Commission's document on an industrial policy for the pharmaceutical sector.

He reported that he had been invited to take part in further discussions with the Commission on this document, when key issues concerning the supply chain of pharmaceuticals and market analysis would be addressed. The study would cover distribution of medicines at manufacturer, wholesaler and retailer level, and would also discuss working relationships between manufacturers and wholesalers, the ownership of pharmacies by wholesalers, mail order distribution, the role of information technology and the maintenance of patient medication records. It was envisaged that following discussions the Commission would set a framework for a policy on the distribution of medicines in Europe.

The President stressed the need for the PGEU to be more pro-active in the coming months while the Commission was formulating this policy and also discussing health promotion, ill health prevention and self-medication at a European level, so that the pharmacists' role featured in these documents.

Profit margins

From the discussions held by the Secretary General of the PGEU and the Commission, it seems that the Commission wants to find out more about pharmacists' profit margins. The current view appears to be that pharmacists earn too much! Although the Commission has not concerned itself in the past with this issue, it is likely that it will at least form a view about margins throughout Europe.

Veterinary debate

In conjunction with the Federation of European Veterinarians, the PGEU has produced a draft document on Good Pharmacy Practice for the Distribution of Veterinary Medicines. It addresses quality assurance of veterinary medicines at production, distribution and utilisation levels, together with distribution procedures.

The document was the subject of some considerable debate at the meeting, mainly because it recognised that in some countries vets have the right to sell or dispense medicines. Spain and Portugal in particular, felt that this was almost an endorsement by pharmacists of this practice.

The UK took a more pragmatic view, feeling that it was important to maintain a dialogue with Veterinarian Associations to ensure that pharmacy could have an influence on production, distribution and utilisation procedures.

It was finally agreed that the document should be signed by

European pharmaceutical policy progress

The Pharmaceutical Group of the European Union Executive Committee, meeting in Copenhagen, heard its president address delegates on the latest developments in the EC's study on industrial policy for the pharmaceutical sector. Wally Dove, British representative on the European Pharmacy Group, reports on this and other discussions



the PGEU provided that there was no reference to whether or not vets should distribute medicines and that the PGEU should maintain its contacts with the Federation of European Veterinarians.

Mail order

Article 3b, which had been added to the distance selling directive and which instructed member states to ban the distance selling of medicines at national level, has been removed. Instead a new article 16 had been submitted which reverted to the original idea that it should be left to member states to decide whether or not to ban the distance selling of medicines.

This change had taken place because there was still an overriding view that it was a general directive covering procedures and standards for this type of selling, rather than addressing what could or could not be sold by this method.

The Committee of Permanent Representatives of Member

States is still discussing the directive and all delegations are urged to write to their representatives on this body and continue to lobby for a ban on mail order.

Drug usage study

The Belgian delegation presented to the Committee an update on the work of the Pharmaco-epidemiology Working Group (this is to study the pattern of drug usage, incorporating the rational use of medicines, pharmacovigilance and pharmaco-economics).

The group was proposing to set up — yes, you have guessed it — a database for each country and then to link them together. It was recognised that the group would have to identify a common classification system and catalogue each product according to its code, its ATC (Anatomical Therapeutic Chemical), its reimbursement status, its price and its DDD (Daily Defined Dose).

Despite having presented this

ambitious project, the Working Group had not yet addressed the questions: who wanted the information; whether they would pay for it; and why the PGEU should be doing it in the first place?

Very few countries were interested in this working group, but the UK was prepared to allow work to continue, providing it was funded only by those that participated in the project.

Specialisation

The Dutch gave a progress report on the work of the Specialisation Working Group. Since the last meeting, the specialisation document has been updated and once it has been approved by the working group it will be presented to the Executive Committee.

The views of the PGEU on specialisation were presented at the European Pharmacy Students Association Conference. While they had been very much in favour of the principle of a specialisation in community pharmacy, the collective view of the students was that this should form part of the basic undergraduate education and not, as suggested by the PGEU, an additional pharmacy qualification.

Joint symposium

As very little financial support was to be available from the EU institutions, the PGEU had decided that it could not proceed with a proposed joint symposium with Central and Eastern Europe. However, the German ABDA has decided to step in and is going to organise and run a symposium in conjunction with the German Conference in October this year. In addition, it has promised to fund a representative from each delegation to attend the symposium.

In line with present Government policy, you can be assured that the UK delegation is doing its best to be 'At the heart of Europe' and not appear too negative.

PPA breaks bulk rules in practise!

A recent communication from the Prescription Pricing Authority reminded us that broken bulk should not be claimed for products used regularly (see this week's *Xrayser*, p195). In many cases this is not true and contractors stand to lose large sums of money if they do not know how the system works.

As an example, if you regularly dispense Zovirax 800mg in packs of 35 and you are suddenly presented with a prescription for, say, 15 tablets, possibly from a locum who does not know the pack size, you will of course claim broken bulk for the other 20.

Suppose after that you receive another prescription for 35 (an OP). Although you obviously have to buy 35, you will only be paid for 15 of them, so you will have to claim broken bulk again. If every subsequent prescription calls for 35, you will have to claim broken bulk for ever, or you will never be paid for the 20 until you retire or go out of business!

What happens, in practise, is that most pharmacies leave the odd 20 tablets on one side, rather than split the pack each time, so eventually they go out of date and are thrown away.

Many pharmacists refuse to believe that the Pricing Authority applies the regulations this rigidly, but I have checked with them, and they do.

Bill Johnson
Warrington

Zineryt — clarification on payment

Following the addition of a new 90ml pack size of Zineryt to the existing 30ml pack, I have heard that there may be some confusion in community pharmacies regarding reimbursement. What will pharmacists receive on dispensing Zineryt 90ml, against a prescription for Zineryt 90ml OP?

If the prescription calls for 90ml then the Pricing Bureau will reimburse on the basis of 90ml being supplied. If the prescription is for Zineryt 90ml OP, then a 90ml pack should be supplied, and will be reimbursed. If Zineryt OP is prescribed then only a 30ml pack should be dispensed unless a prescription endorsement is obtained to say that 90ml was intended.

I am sure that this will be clear to the majority of my colleagues in community

pharmacy, but may help to resolve any difficulties which a few have been experiencing.

Michael B Arthur
Head of regulatory and pharmaceutical affairs,
Yamanouchi Pharma

Pricing scripts — more pointers to sensible practise

I write in reply to Martin Bennett, as another "individual passing on their method of pricing". My mark-up is 50 per cent and my dispensing fee £2.

I now think this is too low, but have set myself a review date of April every year, so will leave it for the present.

I think one has to take the higher NHS professional fee rate of £1.29 (why not?) and the fee the Government pays us as a recognition of the work involved — entering information in a register. The CD fee of £1.25 is the only benchmark I have for data entry.

A professional fee of £2.65 is perhaps nearer the mark. A container fee of 25p should be charged on all prescriptions — on a some you win, some you lose basis.

There should also be a minimum fee of £3.50, to be reviewed annually. Extra fees, CDs, etc, as in the Drug Tariff.

I see no reason to deduct my professional fee for more expensive items. I do not think it matters to a private patient whether he or she pays £15 instead of £13, or £50 instead of £48. My experience is that they just claim it back from their health insurance.

I find disturbing the statement by the Commons Health Committee (*Chemist & Druggist* July 23, p113) that: "It is unreasonable that patients should have to pay the full prescription charge for items costing less than £4.75." Since this acknowledges little or no recognition of payment for the pharmacist.

I feel that other professions and traders would laugh at the thought of charging less than £5, however short the encounter.

Mrs Anne Haines-Nutt
Devon

Competitive pharmacists unite!

Sorry to take up valuable space normally dedicated to serious subjects such as remuneration, continuing education and designing booths for customer counselling, but I would like to make a plea on a much more

light-hearted subject.

Over the past two or three years, we have been bombarded with competitions from all the leading pharmaceutical companies trying to promote their products — but mostly aimed at sales assistants. Please could these companies remember that the pharmacist would also like the chance to win a prize now and again.

Maybe they think we already have too much money (joke no 1), get too many 'freebies' from the reps (joke no 2), or get plenty of free gifts when we order their products (joke no 3 — for those of us who work for the multiples and never see such 'incentives'!).

Also, I quite enjoy doing competitions and, like the sales assistants, would be more likely to read all the sales waffle if I thought I might win something at the end of it.

Please remember that we do help to make the large profits enjoyed by the pharmaceutical companies, and that our salaries have hardly increased over the past five or six years. (Doctors are surrounded by pens, books, gadgets, etc — all given to them by the representatives or the companies directly.)

A Pharmacist
Yorkshire

Book Review

Drug Interactions. A source book of adverse interactions, their mechanisms, clinical importance and management. Third edition. Ivan H Stockley BPharm, PhD (Nott), FRPharmS (Lond), CBiol, MIBiol. *Blackwell Scientific Publications*, £49.50. ISBN 0-632-03721-0.

This third edition of the standard textbook on drug interactions has been comprehensively updated, making it almost 50 per cent larger than the previous one (published in 1991).

Although this edition contains an extra one-third synopses, the underlying format remains unchanged, allowing pharmacists to access information easily.

Mr Stockley comments in his preface: "The spate of new information about interactions continues unchecked, and the intention is to continue to publish new and updated editions at approximately two- to three-yearly intervals."

The book complements the information contained in Boehringer Ingelheim's *Drug Interaction Alert* chart and the *Drug Interaction Automatic Alerting System*, previously part of the John Richardson pharmacy computer system.

IMPORTANT NOTICE

FOLIC ACID

The Government advises that a supplement of **Folic Acid 400mcg** daily should be taken by all women planning pregnancy.

Folic Acid protects the unborn child if taken before conception.

Folic Acid 400mcg (the advised daily amount) tablets are available in the very easy to take 'Cantassium Microvitamin Range'.

A full 3 month pack for just £3.95 recommended retail price.

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Industry says yes to self-regulation

Voluntary codes of medicines advertising control have been given a thumbs up this week, following the publication, five months later than originally scheduled, of the Medicines (Advertising) Regulations 1994 (SI1994/1932).

The rules, which implement the 1992 European Community Directive, bring under criminal sanction most clauses of the regulations. However, one clause has been notably excluded: the section concerning limitations on advertising to the public.

This will remain the jurisdiction of existing pre-vetting and complaints mechanisms, such as the Proprietary Association of Great Britain, the Independent Television Commission in the pre-publication stage and, thereafter, the Advertising Standards Authority and the ITC.

The PAGB believes this is why the Medicines Control Agency was unable to approve the regulations in March. The delay, explains the PAGB head of public relations, Gopa Mitra, was due to the logistical and legal difficulties in running a criminal and self-regulatory system side by side in one piece of legislation. The MCA has been trying to "find a way to get the best of both worlds", she says.

The MCA itself says the delay was due to simple draft changes.

The PAGB, which this year celebrates its 75th anniversary, is relieved by the MCA's vote of confidence in self-regulation. Says Ms Mitra: "We have 75 years' experience pre-vetting labels, leaflets and advertising, and we

are happy that we can continue to use that experience. The fact that the regulations keep the same system in place is good news."

The regulations themselves offer very few surprises, one change being regulation 10b(iv) which states that all adverts to the public must carry an express and legible invitation to read carefully the instructions on the

in-pack leaflet or labelling.

However, the PAGB code was amended in January of this year to take on board the Directive's requirements and manufacturers have universally complied.

The Association of the British Pharmaceutical Industry has also already adjusted its Prescription Medicines Code of Practice to comply with the Directive.

Advertising of medicines brought into focus

The new Medicines (Advertising) Regulations 1994 come into force on Tuesday (August 9) and implement a 1992 European Community Directive (92/28/EEC) on the advertising of medicines to health professionals and the public.

Two broad areas are covered by the legislation; advertising to health professionals, including inducements, hospitality and the supply of free samples; and advertising to the general public.

On the question of inducements and hospitality to health professionals, the regulations allow the former, providing any gifts, pecuniary advantages and benefits are inexpensive and relevant, while the latter can be offered providing the hospitality, which includes travelling and accommodation expenses at professional or scientific events, is reasonable, subordinate to the main scientific objective of the meeting and offered only to health professionals.

No definition of reasonable is given by the regulations, but the Association of British Pharmaceutical Industry's code of advertising practice defines reasonable as not exceeding the level which recipients would be prepared to pay themselves.

Free samples may also be given, providing they do not contain substances listed in the Narcotic Drugs Convention or the Psychotropic Substances Convention.

In general, unlicensed medicinal products may not be advertised and product licence holders must collate all information pertaining to their products and train sales staff appropriately.

Most of the regulations fall under criminal legislation, the contravention of which will render the offender liable to a fine not exceeding the statutory maximum (£5,000) or, on conviction on indictment, to a fine or to a maximum of two years' imprisonment.

GIs fail OTC switch in US

Both Smithkline Beecham and Merck's US plans for over the counter H2 antagonists were dealt a blow last week with Tagamet and Pepcid AC failing to get US authority approval.

SB's Tagamet was shown to interact with Upjohn's Halcion and the asthma drug theophylline. The onus is now on the company to prove low incidence of these interactions.

However, when the Committee on Safety of Medicines assessed OTC Tagamet in the UK, these interactions "were not considered relevant", says an SB spokesman.

Merck's Pepcid AC was also turned down for OTC status in the US on the grounds of effectiveness.

Cheaper Council Tax?

Pharmacies with upstairs flats could have lower Council Tax bills, following a recent appeal tribunal ruling.

The ruling only affects those flats with access solely from the shop below rather than those with separate entrances, and gives shop owners a chance to have their properties re-banded.

Under Council Tax rulings, if there is a common entrance for business and living accommodation, then the whole building must be assessed. The listing officer must then decide what proportion of that value is due for the residential part of the property.

For buildings in expensive, prime sites, the value of the entire property may be the same regardless of whether there is a flat above or not. The flat, therefore, could be given a nominal value, making it a Band A property.

This was the result of a recent tribunal case when a Salvation Army caretaker's flat in the City of London was rebanded from G to A.

John D'Arcy, pharmacy administrator at the National Pharmaceutical Association says: "High turnover pharmacies, especially, will benefit ... and you would have to be in a high-rated area." But he urges pharmacists to "have a crack at" appealing against Council Tax bandings if they have a flat that is only accessible through the shop.

Lloyds Chemists raises profile

Lloyds Chemists and Supersave Drugstores are raising their public profile through price-offer national press advertising and a new in-store magazine.

The advertisements have been placed in the *Daily Mail* and are backed up by promotional material distributed to the 1,150 Lloyds' branches around the country. They run under the headline 'Six of the best' and offer six items currently reduced across the chain. In the latest advertisement, a 200ml bottle of Timotei shampoo is down from

£1.29 to £0.89 and a four-pack of Lux soap from £1.49 to £0.99. There is also a special offer giving a third off Ambre Solaire tanning milk and free film with every bottle sold.

Commenting on the new campaign, Lloyds' managing director, Martyn Hardy, says: "Part of our retail strategy involves the continuous assessment of the methods used to communicate to existing and potential customers. Both point of sale and media exposure can be used to alert customers to our special prices."

The new magazine, *Lloyds Healthwise*, will be quarterly and includes a range of articles on health, beauty, and general and product developments at Lloyds. The magazine will also carry advertising.

"We have launched this publication in response to the increasing need for more customer information, with the trend shifting towards self-education and OTC product purchases," says Mr Hardy. "It is designed to keep customers up to date on health issues."

New SA player in POM market

Another South African pharmaceutical company is taking advantage of the lifting of trade restrictions and has set up an operation in the UK.

Like Adcock Ingram (C&D June 18, p1065), Trinity Pharmaceuticals will use the UK as a springboard into Europe.

It will concentrate on both branded and generic POM medicines, which will be marketed to pharmacists and GPs from November.

"We are attempting to bring together the prescriber and the dispenser — to help the practitioner in terms of budgeting and the dispenser to source the product," says Trinity com-

mercial director Colin Darroch. How he was attempting to do this was unclear.

There will be six branded products marketed under the Trinity name before the end of the year and as many as 15 within 12 months, depending on the speed of licence approvals. These are expected to include a range of solid-dose, slow-release formulations. A selection of licensing arrangements for "mature products" from "major pharmaceutical companies" will also follow, comments Mr Darroch, although further details are, as yet, unavailable.

Generics will be sold under the Lennon name, the same brand used in SA. Candidate products include "major, high-volume POM generics". Over the counter products are not on the company's immediate agenda, says Mr Darroch.

Both branded and generic

products will be available from both national and regional major full-line wholesalers.

Trinity Pharmaceuticals is just a month old and was formed after the acquisition of Mepra-Pharm of Middlesex.

Trinity's managing director, Steve Stocks, was until recently chairman of the British Generics Manufacturing Association, chairman of the Generic Medicines Register of the Association of the British Pharmaceutical Industry and general manager of APS Berk.

Mr Darroch spent nine years with Evans Medical and was a member of its management buyout team.

Trinity Pharmaceuticals is part of South African Druggists, said to be the largest pharmaceutical company in the southern hemisphere. The SA parent has both pharmaceutical retailing and wholesaling interests.

SB buys Cyanamid's drugs?

Smithkline Beecham is thought to be in talks with the US pharmaceutical and animal health company Cyanamid over swapping some of their business units.

SB is thought to be buying Cyanamid's pharmaceutical and healthcare interests. In return, Cyanamid is believed to be buying SB's vaccine and animal health business.

However, neither party would confirm the market rumours or press reports.

In the UK, most of Cyanamid's healthcare interests fall under Lederle Laboratories, which saw UK sales of £80 million last year.

Lederle's three best-selling drugs are the prescription medicines Minocin, Traxam and the recently-launched gastrointestinal treatment Zoton.

Kimberly-Clark pushes into mainland Europe

Kimberly-Clark is looking to expand its European headquarters by as much as five-fold to cope with greater activity in mainland Europe.

This would mean relocating from Tonbridge in Kent to another UK site — preferably to existing office space with room for up to 500 staff.

According to human resource director Alan Goda, the company would also be willing to consider a greenfield site. The move would happen within "several years", he adds.

The US consumer products company — best known in the UK for Huggies nappies, Kleenex

tissues and Simplicity sanpro — is focusing on Huggies for its European push.

As well as the UK, the nappies are already sold in Holland, while the trainer pants are in France. But this latest push will see the products move to southern and eastern Europe, as well as traditional European markets.

To start with, the personnel at head office would double to around 200, with a further expansion to 500 on the cards.

The company would pull together functions from other sites in Kent and across Europe, although Mr Goda would not give details.

William Ransom wins £325,000 out of court

William Ransom, the galenicals and contract pharmaceutical manufacturer, has reached a £325,000 out of court settlement following an aborted attempt to buy a new manufacturing plant.

The Hertfordshire-based company wanted to buy a new factory in Biggleswade, near Bedford, but was unable to do so when it appeared that the developer was unable to secure finance for the project.

It therefore set aside £400,000 as an exceptional item in its 1992 financial accounts to cover professional fees associated with the deal, as well as the cost of

dedicated plant that would have been installed in the new factory.

Legal proceedings resulted in most of that exceptional item being recovered.

The payment, which provided a much-needed cushion for falling pre-tax profits, meant that group profit rose 13 per cent to £925,000 in the year to March 31, 1994.

Without the settlement, profits would have slipped by over a quarter.

Sales fell almost 5 per cent to £6.8 million, with low UK margins used to retain volume and market share.

Coming events

AAH hits the high road

AAH Pharmaceuticals' sister company, M & S Toiletries, is holding a series of Christmas buying shows. AAH is running training evenings on incontinence.

The buying shows, with over 1,200 gift items to choose from, will be held at Newport, August 8-9; Clayton, August 15-16; Belfast, August 22-23; and Edinburgh, August 29-31. More shows are planned for September. Further details on 031 453 5000.

The incontinence training sessions are open to pharmacists and their staff. Initially, meetings have been scheduled at Cadnam, August 10; and Chichester, August 11. Tel: 0345 808090 for details.

YPG in Glasgow

The Young Pharmacist Group is holding a weekend conference at the Grosvenor Hotel, Glasgow, on August 20 and 21.

The first day will focus on improving asthma, while the topic for the second day is 'Pharmacist: an outward-looking health professional'.

Details are available from Sangeeta Prasad on 041 943 0009.

London Group launch

The new College of Pharmacy Practice London Study Group holds its first meeting on September 1.

The initial event will debate the format of future meetings, which will take place on the first Thursday of the month. These will cover topics relevant to community and hospital pharmacists, with the aim of providing continuing education and support to examinees.

The meetings are open to all registered and pre-registration pharmacists and count towards the College's continuing education requirement. They will take place in the Rockefeller Nurses Home, Huntley Street, London. The first starts at 6.30 for 7pm.

PSG double

The Pharmacy Support Group has scheduled its second pre-Chemex dinner for September 10 at London's Forté Crest Hotel (Regent's Park, London).

Tickets cost £25 and are available from Support Group chairman Hemant Patel, tel: 081 595 8978 or Atul Kantaria, tel: 071-722 5221.

Trial on Sundays

The Thatcham branch of Lloyds Chemists will open on Sundays for a six-month trial period after a petition from local residents. Another out of hours service was tried in 1987, but was not continued after lack of use.

Medeva in court

Medeva is fighting to keep hold of its Hepatitis B patent after the European Patent Office reversed its 1992 decision to revoke Biogen's patent.

Gretag sales up

Sales at photoprocessing company Gretag were up 12 per cent for the first six months of 1994 compared to the same period last year.

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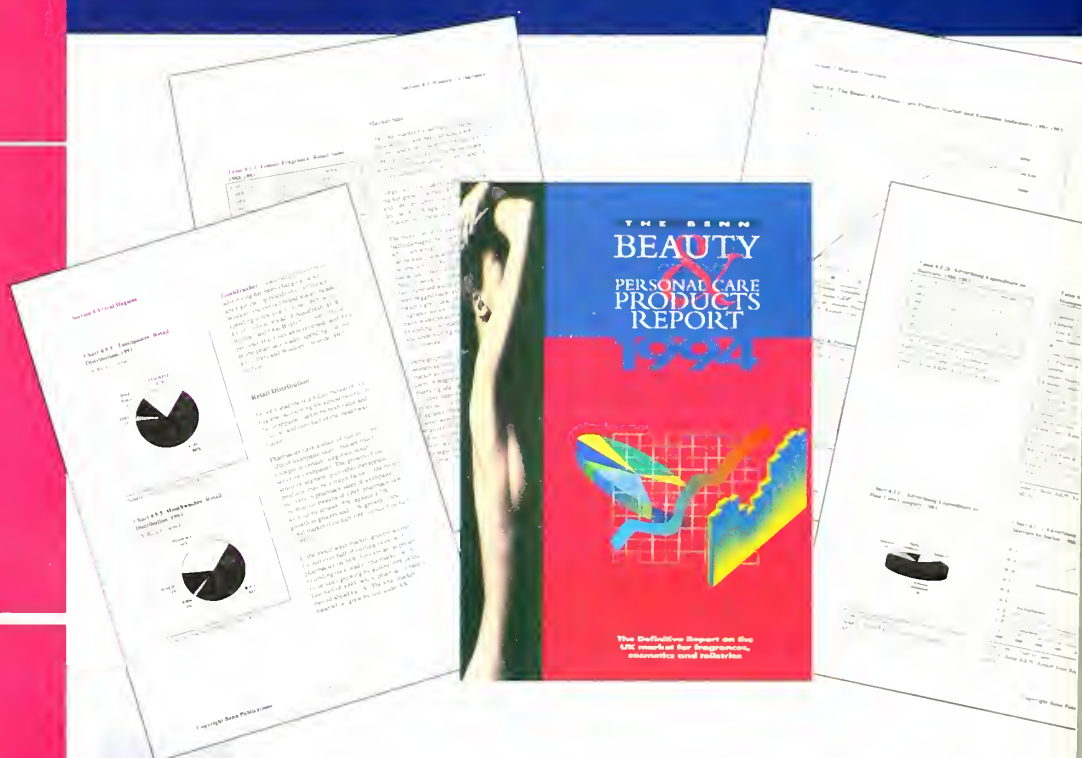
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Aboutpeople



Lady golfers from across the Seven Seas

Some 150 finalists in a Seven Seas-sponsored Ladies Golf Union tournament battled it out at the Kings Norton Golf Club, near Birmingham, on 12 July.

Over 200,000 ladies from all over the UK, and as far away as Zimbabwe, took part in the qualifying rounds leading to the final.

Each finalist was given Seven Seas Multivitamins and Super

Evening Primrose Oil, as well as mementos of the tournament.

Tom Hardman, marketing director of Seven Seas, presented the prizes saying: "This is our first venture into sponsorship and we are delighted by the support the event has had. Lady golfers are interested in their health and therefore provide us with the ideal healthy link."

Appointments

Unichem has appointed **Matthew Burke** as manager of the hospital sales division. He is experienced in the hospital supplies sector having worked with Robinson Healthcare, Seton Healthcare and Crookes Healthcare.

Anthony Jamison has been

appointed chairman-elect for the World Federation of Proprietary Medicine Manufacturers and will take up the chairmanship in October 1996 at the 12th General Assembly in Ottawa. Mr Jamison is currently president of Roche Consumer Health (Worldwide).

Searle in aid to Rwanda

Searle has donated \$1 million worth of its antibiotic Maxaquin (lomefloxacin) to help combat the cholera epidemic which is currently sweeping across the Rwandan refugee camps in central Africa.

The effort is being carried out in conjunction with the office of US senator Paul Simon, chairman of the Foreign Relations Sub-committee of African Affairs.

The donated antibiotic is being

used in the mobile field clinic which has been set up by the international relief organisation AmeriCares, says Ronald L Goode, corporate senior vice president and president of international operations at Searle.

Senator Simon praised the company's efforts and hopes "other companies will follow Searle's lead in making every effort to alleviate the suffering in central Africa".

Durex balloons

The Durex kite was flying high above Longleat House during the recent Wiltshire Balloon Festival, and the Marquis of Bath was on hand to help out.

The kite is one of the largest in Britain at 240 sq ft of material.

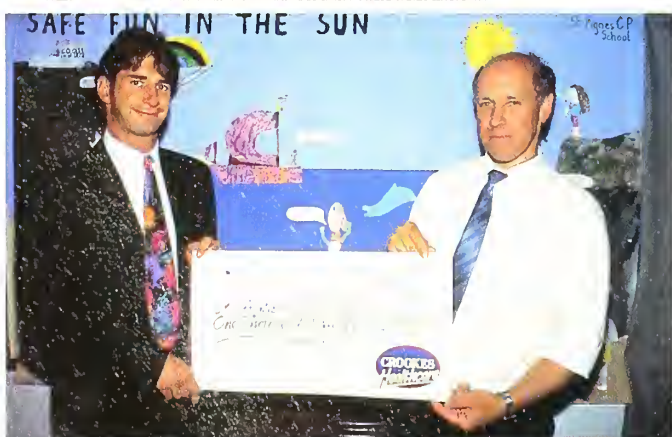
Peter Roach, group marketing manager of Durex, sees the kite as "a fun, yet responsible, way to raise the awareness of safer sex" and added that "Lord Bath was a great help to the Durex team in their preparation to fly it".

• To celebrate its 60th anniversary, Durex has given away a rare vintage Armanac from Condom, France, in a celebrity draw.

The Armanac was presented to charity Crusaid to raise funds for its work into improving quality of life in HIV and AIDS sufferers.



Michael J King, assistant secretary to the Pharmaceutical Services Negotiating Committee, has just gained an LLB (Hons) law degree from London University. He joins another recently qualified lawyer, John D'Arcy from the NPA



Jon West (left), of Crookes Healthcare, is pictured presenting £1,000 on behalf of E45 to **Geoff Brown**, deputy head at St Agnes County Primary School, Cornwall. The money will support a 'UV the Sun' project, which aims to educate school children on the dangers of the sun in "a fun and practical way"



Savita Bandarhi (centre), Vitachem pharmacist and nutritional therapist from Croydon, has won £2,000 of holiday vouchers for the best Nicorette window display on the theme of 'Window to the World'. The prize, presented by **Vimmi Joshi**, representative for Pharmacia, and **Deborah Faulkner**, regional sales manager, will be shared equally among the other pharmacy staff

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*SOURCE: NIELSEN 1994. TOTAL PHARMACIES EXCLUDING BOOTS.